CALIFORNIA AND WESTERN MEDICINE

OWNED AND PUBLISHED BY THE CALIFORNIA MEDICAL ASSOCIATION

Official Organ of the California, Nevada and Utah Medical Associations

The Declaration of Rights of Children

As Adopted by
The International League of Child Welfare
at Geneva

IN THE declaration of rights of children, called the Declaration of Geneva, men and women of all nations should give to children the best gifts in their possession, and affirm their rights irrespective of race, nationality and religion.

1. Children should be placed in an environment in which they can develop normally, physically and mentally.

2. A child that is hungry should be fed; a child that is sick should be cared for; the backward child should be encouraged; the child that has gone astray should be reclaimed; the orphan and the deserted child should be given a home and their distress relieved.

3. Children should be the first to receive aid in time of distress.

4. A child must be put in a position to earn his living and should be protected against exploitation.

5. Children should be brought up to believe that their best qualities must be used in the service of their fellows.

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(Continuing the California State Journal of Medicine)

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CALIFORNIA AND WESTERN MEDICINE

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ORIGINAL ARTICLES

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THE DOCTOR, AS HE WAS, IS AND SHOULD BE *

By THOMAS CLAY EDWARDS, M. D., Salinas.

To have been chosen president of a scientific body composed of the most unselfish men and women in the world is the crowning honor of my life. I wish to thank you for having conferred that honor upon me.

Our time is so taken up with our professional activities that the majority of us do not sufficiently interest ourselves in some very important medico-civic affairs. We often do not seem to realize that scientific medicine is menaced by the increasing propaganda by certain dangerous cults.

Many of the better non-medically educated men and women seem to appreciate this more than we do. Such influential persons as Professor Eliot of Harvard are so greatly concerned lest scientific medicine be crippled in its activities, that they are organizing for the purpose of informing the people of the danger to the human race if scientific medical investigation is limited or stopped. It, therefore, behooves us to be a little more careful to cultivate our personal relations with the public so that we, too, may do our part in placing the facts before the people.

Some of you have a picture hanging in your office —"The Doctor." Call it to mind. The father is standing in the background and the mother is seated at a table with her head resting on her arms. In the foreground you see the doctor, seated by the bed of his little patient. There is no nurse in white raiment, for this doctor was unaccustomed to the services of a trained nurse. Many, many times he would spend the whole night sitting just as you see him there. His, would be the hand that smoothed the pillow, making it softer for his little patient. His, the hand to administer a sip of cold water to parched lips. His fingers gently feel the pulse; his eyes watch the respiration, and his ears are very alert to catch the measured breath sounds that denote refreshing sleep.

Do you wonder that he was considered a comforter and friend as well as a doctor? It was this solicitude, this sacrificing personal service that made him so loved by his patients. Every time we delegate a service we are cutting a strand of the cord that binds us to our patient and thus damaging the value of our services to him.

Modern medicine, by the use of hospitals, laboratories, nurses, specialists, has delegated so much of the work once done by the old family doctor that the doctor of today is losing much of his patient's love. This is a great loss to medicine, because the family physician is the standard by which the average person measures our profession. Our relations to the community are such that what we do is of more importance than that which the average person does. We have been conceded a position of leadership because of the ideals that have actuated us. If we hope to retain the respect that we now claim, we may not with impunity break this, that or the other law. Our position in society is such that if we do so, we teach disrespect for law, bring reproach on our chosen profession, and trample under foot the ideals of our fathers. We are patterns for the young. The youth of today judges us by what we do, not by what we say. Keeping faith with ideals has been, is and always will be one of the big influences toward human progress. We all know that the idealist looks way beyond his own personal comforts or desires. He sees men and

* President's annual address, Fifty-third Annual Session California Medical Association, Los Angeles, May 15, 1924.

women enjoying pleasures denied him. This has been beautifully expressed by Emma Leutert.

Scorn not the dreamer! He it was who with bent back
Cut smooth the road for you and me,
That we might travel on from generation unto ex-generation,
In ease and luxury and sweet security.
What is this wondrous Present but the dreams, in ages gone,
Of those whose inner visions brought into their outer world
What We Now Gaze Upon?
It was the dreamers dauntless brain
That lifted us from out the sordidness of life;
Emancipated us from drudgery and bade us hope again.
And they, the dreamers of today, fearless and bold,
Who saw a great metropolis rise from her ashes Phoenix-like,
A greater, nobler, grander than the old.
It was in dreams men saw the desert crossed with rails of steel;
Its countless homesteads, bridges, cities rise;
Its wagon caravans give way to steam and wheel.
To break down barriers of creed and race,
The dreamer set aside as naught,
Such trifling things as friction, time and space.
He saw the bird-man fly from peak to peak;
The giant steamship ride the ocean wave;
The cable tie two continents and bid them speak.
Erase from history's marvelous page,
Such names as Edison, Morse, Fulton, Field,
And who would care to read the record of the age?
Let him without imagination say "It cannot be!"
"It can be done!" The dreamer cries, and lo!
In steel or steam or poet's verse comes the reality!
Oh, Emerson! you had prophetic vision of the world to come!
Now countless thousands, men and women, stand today
Where you once stood alone.
Confucius, Buddha, Socrates and He,
The Master dreamer of them all, saw in the coming man,
The perfect image of Divinity.
Oh, who would rob the poor of this divinest heritage of man,
The will to dream?
Then let him dream his dreams who can!

Those who have caught the dreamer's vision are ready to take it up where he put it down. Where he strove alone there may be a dozen or twenty or more who will work for it. To them it does not seem so much like a dream; it is more tangible, more workable. There will be more who will co-ordinate his dream and make it available for human needs. The advantages that we have in medicine, surgery, prophylaxis, hygiene, are dreams come true, bequeathed to us by our predecessors, and they were indebted to those who "in their turn preceded them." The foundations on which we stand were built a little higher for us, and we must add our quota so that those who follow may have a saner judgment, a safer rule of action. We must continue to steer true to the course mapped out for us. By doing this we have already made possible the eradication of diphtheria, lockjaw, typhoid fever, smallpox, and many other diseases. And now comes the assurance that scarlet fever, that treacherous thing that entails so many damaging sequelae, has been conquered by scientific medicine. I say that we have made possible the eradication of these and many other diseases, but this possibility will never be a fact if the people persist in ignoring that which painstaking investigation has proven to be true. The part that medicine has played in perfecting professional ideals is a story of unselfish service, untiring devotion to duty and of actual martyrdom.

Let me recall one outstanding example. After the American occupation of Cuba, it became evident that something must be done to stamp out yellow fever, which was causing such havoc to Americans and Europeans. Consequently, Surgeon-General Sternberg of the U. S. A. appointed a commission, composed of Doctors Walter Reed, James Carroll, Jesse W. Lazear, and Aristides Agramonte, to make a scientific study of it, and in case the cause were found to seek a remedy. When they began their investigation they found a dreamer in the person of Carlos J. Finlay, a Cuban physician, who believed that of the 700 species of mosquitoes found on the island, there was one, the stegomyia, that was the culprit. So persistently and insistently did he urge his theory that people called him a crank, a dreamer. After a few months devoted to investigating the more plausible theories without results, the committee turned its attention to the mosquito and found that Finlay was undoubtedly right. Gorgas, who had already done wonders in cleaning Havana, without decreasing the number of yellow fever cases, said that he would rid it of these pests. But Reed said it could not be done, that it was an unthinkable and impossible task. Gorgas exclaimed, "It shall be done," and it was. The result you know. That, whereas, the city of Havana, which had not been free of yellow fever for more than a century and a half, today boasts that there has not been a case reported there since 1905.

Let me draw you another picture. While the investigation was in progress, Carroll was taken sick and Gorgas was called to see him (Reed being absent in Washington on business). Gorgas found his friend and comrade critically ill with yellow fever, restless, tossing on his bed, and intermittently delirious. During his lucid moments, Carroll told of permitting an infected mosquito to bite him on his arm. His whole thought was on his task and not of himself. Before Carroll had recovered, Gorgas was summoned to the bedside of Lazear. He found him mortally ill; but, before he died, he, too, managed to give accurate details of being bitten by an infected mosquito. Was he thinking of himself? Not at all. His whole thought was of the service he had to perform; and faithful to this trust, he died a little over a week after being bitten. But this is not all. The committee completed its work in 1901. In 1902, Reed died after an appendix operation; but with health broken as a result of his work in Havana. Five years later Carroll died of a heart disease, which developed at the time he had yellow fever. Thus, three out of four members of the committee, true to their ideals, were martyrs to humanity's urgent needs.

Think of the glory of it all! On the meager salary of army officers, these, greater than heroes, laid down their lives that others might live.

"GREATER LOVE HATH NO MAN THAN THIS, THAT A MAN LAY DOWN HIS LIFE FOR HIS FRIENDS."

Members of the California Medical Association:

We may justly be proud of the legacy left us by these members of our chosen profession. Let us be true to the ideals they have established; *true to the* ideal that unselfish personal service pays best, that it is the real essence of living, and it is *this* that has written the names of our comrades in the hearts of grateful men and women.

ADDRESS OF PRESIDENT-ELECT*

By GRANVILLE MacGOWAN, M. D., Los Angeles.

The House of Delegates did me the high honor of selecting me as the presiding officer of the association for the year 1924. Lacking moral courage to refuse this gift of preference I did not seek and for which I was not prepared, it is accepted with grateful appreciation of the honor it confers.

It has been esteemed good form for the president, in assuming the duties of his office, to discourse upon ethics as observed among ourselves, as brethren and as affecting our relations to our clients; upon the desirability of an intensive training of the student of medicine so that he may be the better fitted when time and practice has ripened his judgment and trained his reason to give better service to the sick who may employ him, and be better able to defend the privilege and assert the right of the disciplined and scientifically competently drilled medical mind to act as guide and counsel in all legislative or executive proposals which have as their purport improving, safeguarding or regulating better health in the state or nation.

The president is not restricted in his choice of a theme for a dissertation. He may choose to write and present an essay upon the distinguished dead, who have held high the torch that has spread hope's rays into the beclouded foggy, brumous, cheerless chamber of the sick and made the world a better earth to live upon; or he may, out of his own experience, present his knowledge upon any subject, medical or surgical, the relation and presentation of which he believes will be of instructive interest to his audience.

With this rich cadre to choose from, I have selected a subject which is closer to my heart than any knowledge or surmise that may be gained from the seven major branches of medical science and which in these strenuous days, when the hebetudenous body politic, dulled from the continuous practice of the serious sin of hypocrisy, scarcely noting the prevalent disorder and lawlessness, sits benumbed while the undermining current of the stream of dissatisfaction and distrust of the things that are because they are, skillfully guided, to wash against the jutting foundation of our constitutional prerogatives and protective guaranties by wise, adroit and subtle men, who, having achieved places of authority, wait for the dyke to crumble, believing that out of the eddying currents of the swirling incoming waters of disturbance and destruction will to them accrue the benefit; the right to govern and provide the opportunity for the easy accumulation of great wealth, fame, and power without limit.

Were I a famed dissertator, with my facts and fancies arranged and indexed in the cubicles of my mind so that my facile tongue could, without error or confusion, produce them in orderly array, I would place dependence upon rhetorical skill to arouse in you reflexion and contemplation of the distance that we have wandered from the portals of our constitutional republic and the desirability of pausing before we become altogether lost, and urge returning before it is too late. I prefer the slower but more certain exposition of the written word.

In this century, almost from its beginning, have we, the people of these United States, cast off the moorings of our bark, the republic, from the safe anchorage of that constitution provided for us by that little band of thirty-seven patriots, and of whom seven—George Clymer, Benjamin Franklin, Robert Morris, Governeur Morris, George Reed, and Roger Sherman—twelve years before had signed the Declaration of Independence, mutually pledging "their lives, their futures and their sacred honor" to its upholding. In that interval, the Revolutionary War was fought, and finally won; a delayed agreement among the colonies was finally signed in 1781, as an article of confederation of perpetual union. But there was no union, not even for a day; bickerings, dissensions, exhibitions of faithlessness between the states were continuous. The end of the experiment in freedom seemed to draw near.

Impotence of a Congress, whose powers were flaunted at home and derided abroad, appeared to finally point to this end of the experiment of the rearing of the child of freedom upon the North American continent. The dissolution of the Union into thirteen governments, with divergent interests, different views, ceaseless jealousies, appeared unavoidable. Paralysis of industry, and exploitation by the powerful European kingdoms seemed straight ahead.

In May, 1781, the convention of delegates, charged with the duty of "rendering the federal constitution adequate to the exigencies of the Union," met in Philadelphia. These men, chosen from the states because of their erudition, good judgment, practical business ability, and political wisdom, were presided over by George Washington, then and until he died, the most prominent trusted man in America.

In an age and time when the only methods of communication were the stage coach, the sailing vessel, and the dispatch bearer, and when there was no telephone or telegraph; when the assistance of stenographers, typewriters, and statistical experts could not be availed of; when methods of illumination that make of the night a better time than the day for intellectual work were lacking, the members of the convention themselves, without external aid, did all of the rough drafting, correction after debate, and final shaping of the notes upon each and every measure, including the ultimate engrossment, before signing, working less than 100 days from May 14 to September 17. After much discussion and rancorous debate, by the end of 1788 this constitution had been ratified by all of the states of the Union, except North Carolina and Rhode Island, and the government was in motion before these two states agreed to go along.

* Presented at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 15, 1924.

Is it, as its socialistic and communistic detractors would have us believe, a damning evidence of its unfairness and incapacity, and its culpable capitalistic tyranny that, under its beneficent protection, in only twelve decades the Union expanded from the boundaries of its narrow strip, extending just a few hundred miles back from the shores of the Atlantic Ocean to cover the entire rich loin of the North American continent from the Bay of Fundy to Cape Mendocino and from the Rio Grande to the Lake of the Woods. Peopled by whom? By the direct and ultimate descendants of the 2,500,000 of the financially embarrassed and physically exhausted colonists who had won a bitterly contested prolonged war for freedom. These capitalistic autocrats, who spun their own clothes, ploughed their own fields, and drew their own nets. While they remained and had their natural increases which gave for many years the leaven to the mass of immigrants with whom they shared their inheritance, a horde of economically discontented artisans and peasants, of ambitious youths longing for a chance to rise above the positions in which they were born and forced to remain by the fetters of class, the politically oppressed, the restless of every branch of the Aryan races of the north of Europe, driven from their homes by adverse fortune, by war, by famine, but chiefly by the hunger for land, which might not be had at home, they came in millions up to the last decades of the nineteenth century, and as they came, spread out in all directions across the mountain ranges and the endless prairies, over the great divide to the Pacific slope. They paused as they went, breaking farms and building cities, establishing states, each with a republican form of government, and everywhere using the same tongue for communication. These children of the constitution, speaking English, the language of the charter-makers, the language of the people who fought for the privilege of the opportunity to found a government which for the first time in the history of the world gave security of individual rights, civil liberty, freedom of the press, religious freedom, popular education, extended suffrage, and freedom of speech. But not the right by speech to incite rebellion and destruction of the government itself, for their Declaration of Independence recites, "Prudence indeed will dictate that government long established should not be changed for light and transient causes."

Under no other form of government except that of a republic could this have been accomplished; but it was a task relatively easy by reason of the similarity of purpose and ultimate aim—the building of states like unto the thirteen originals, which not only furnished the model for government, but the habits and customs of daily life, and the language which makes for homogeneity.

With the exhaustion of the tillable soil, that might be had almost for the asking, we changed to a manufacturing country from an agricultural one, and from then on came, one by one, the changes in our government, insidiously at first, and then the flood. It was the colonist and the emigrant of the first century of our existence who pioneered; it was he who developed the country. It is he and his descendants who are its chief owners now. It is they who chiefly constituted the bourgeois against whom the flood of hate is let loose by envious communistic radicals of a late immigration who have brought their bitter, age-old, fierce struggle against all government. From the countries of Central and Southeastern Europe immigrants came, speaking many tongues, wihout any knowledge of the foundation of our government or of the opportunities it affords to the poor to cast aside their rags and crusts by industry. Ignorant of our customs, traditions and language, but avid of gain, willing to work for a pittance and able to live upon it, and accumulate for them comparative riches to send back to, or carry home with them to their natal villages, there to live in affluence was their object. Strangers in the land, concerned not at all about its government, living segregated in groups, speaking no language but their own, controlled by patrons, contractors, or bankers of their own race, their scent smelled good to the professional politician, who passed many of them by connivance through the melting-pot and made them citizens, their votes often controlling the destiny of states.

These people, in the closing decades of the nineteenth century, commenced to be diverted to the rapidly expanding industrial life of the mines and the great factories in the great cities, where but too often they had for masters iron-hearted men who, having been laboring men themselves, had lost the mental contact with their class. Men who, in the words of Benassis, "passing from the simple life of a laborer to an easy life of ownership grow unbearable, form a class, half-virtuous, half-educated, half-ignorant, which will always be the despair of governments," drunk with the power of new riches, mercilessly refused to treat with their employees who, incensed at the unfair division of the profits and led by a new class of intelligent and well-paid buccaneers, the labor union walking delegates staged strike after strike, which was met by these stubborn, shortsighted and rich peasant-minded employers by further importations of a flood of cheap—for a time at least—ignorant, debased labor to break the strikes.

Amidst this industrial strife in 1891, the Populist party was born at Cincinnati. This was designed to alleviate all of the wrongs, real or fancied, of the citizens of these United States, whom the goddess of fortune had treated invidiously, but more particularly unfortunate agriculturists and working men. It declared primarily for the free and unlimited coinage of silver, the issue of fiat money, the very issue which kept Rhode Island out of the original convention for the preparation of the constitution, public ownership, the prohibition of alien ownership of lands and the popular election of United States Senators. Late in 1900 the party demanded the election of the President, Vice-President, and Federal Judges, by the direct vote of the people. This party never had enough adherents to place anyone of note or ability in an elective office, but its tenets afforded the opportunity to that wonderful orator, its leader, the grand commander of the order of demagogues and perennial candidate for the presidency to infect the American public with its virus and to make himself the arbiter of

the Democratic party for a score of years. So deep was its benumbing influence that, in 1912, in the platform of the Progressive party, we find it demanding the direct election of United States Senators and the adoption of the initiative referendum and recall, and we even find the illustrious candidate, Theodore Roosevelt, advocating, in Arizona, then as now a radical state, the recall of judges.

I dwell upon these matters because the adoption by the American politicians of all parties of these socialistic measures has insensibly almost completely changed our form of government. Nearly every measure proposed by the Populist party has been erected into a statutory law through one or other of our political parties from reasons of pure expediency. The few who have known what our constitution stands for have feared to oppose the oncoming wave of democracy, or their selfish interests have been served by silence.

This constitution which provided for the election of:

First—An executive.

Second—A legislative body who, working together in a representative capacity, have all power of appointment, all powers of legislation, to raise revenues and to spend them appropriately, and to create,

Third—A judiciary to pass upon the justice and legality of their governmental acts, and to recognize certain inherent individual rights was and should be again the supreme law of the land.

It is simple; its observance makes a republic. Any adding or taking away from the powers of any one of the tripartite changes the government to an autocracy or a democracy, the unfailing breeders of injustice, tyrannical destruction of individual rights and spoliation. Of the two, an unbridled democracy is the worst, for at all times men in crowds will do shameful acts that, as individuals, they would not dare, or doing, deplore. "The constitution provides a way for protecting individual liberty from the invasion of the powers of the government itself, as well as from the invasion by others, more powerful and less scrupulous than ourselves." Under the constitution the people are permitted to do but two things—once in four years to vote for a President and Vice-President, which has always produced a disturbance, social and commercial, and once in two years to vote for a member of Congress in their districts; and that is enough.

If that is done and done intelligently, the voter will have made the best provision possible for the safeguarding of his rights, and if it is done by all who have the right to vote, how can the elected representative gainsay the conscience and intelligence of his constituency?

From direct legislation is substituted, for the conclusions of deliberate judgment and debate, the organized propaganda of prejudice, or the unreasoning demands of the selfish but determined minority, swayed by the oratory of men who by noisy and impudent clamor seek to conceal their interest and full intent by posing as patriots guarding the public funds in the interest of the lowly and oppressed while fishing in the troubled waters for the power and its profits from which an orderly government excludes them.

In seeking a remedy for the evils arising in the selection of candidates for our elective offices, under a representative form of government as expressed in bossism and combinations of great industrial interests for the purpose of controlling legislation and directing it into improper channels, Theodore Roosevelt as leader, supported by men of honest purpose and sincerity, and filled with patriotism as they saw it, sought by girdling the tree to remove all nourishment from the branches which showed evidences of decay, and they opened the way for a slow and persistent attack upon our constitutional growth by the pestilent, destructive, radical insects of socialism, communism and sovietism, which threaten to destroy it. In steering away from Scylla, we scraped the ledge of Charybdis.

In place of the one recognized political boss, who was not always as nefarious as he has been painted, the cabal was substituted. In the place of the caucus, before which no unknown man could appear with any hope of success of obtaining a nomination for office, was substituted the direct primary into which candidates entered without the accredited and public sponsorship of party organization, which in case of misdeed, at least, possessed the power of the disciplinary punishment of ostracism. For the legislative enactment of statutory decrees was substituted the initiative and the referendum, which gave for the first time in history, in a great government, the opportunity for the unsettled, unprepared, and undisciplined voting populace to originate extra statutory measures of law and to enact them, usually to the detriment of the body politic, to the disturbance of order and to the enormous increase of debt burden to the state. At the same time these socialistic demands by bodies intent upon public recognition of their theories of reform have resulted under pressure, including the passage of Article XVIII of the amendments, of the enactment of so many laws in the city, county, state, and nation, that it is no longer possible for anyone to live consciously or unconsciously from sunrise to sunrise without being a breaker of law.

But this was not the only disruptive force at work in high places. In 1912 an educator was elected by the people to be the twenty-eighth President of the United States. This man was an historian and a lawyer, who must have been absolutely familiar with that constitution which he solemnly swore to preserve, protect and defend. Inaugurated in 1913, apparently sane; by education and surroundings presumably conservative, but he had the fatal gift of rhetoric and had acquired a command of our language not equalled by any other American of his time; a phrase-maker; as an educator, an autocrat; as President, a man who, while professing the greatest interest in the people, held himself aloof from them and closed the White House gates. A man who was self-sufficient, and often obstinately refused both before and during the war to give audience or counsel, or advise the highest officers in departmental or diplomatic life, whose duty it was to carry out his behests, and many of whom did not even know him in person. At the same time, the

doors of the President's house were open for the comings and goings of many strange and curious people — propagandists, whose political doctrines were widely at variance with those of a republic and who at times became his personal representatives abroad. A man who was in many ways a wonderful statesman, and yet the first President of the United States to abrogate the sovereign power entrusted to him by the people in the face of duress by menace, in time of public stress by leaders of a portion of the labor world, demanding class legislation. This man, "too proud to fight" when we were in the midst of war, wanted "peace without victory," to make the world "safe for democracy" when he had known, before his exaltation, that there is no safety in a world in which government is unrestrictedly democratic.

Now why does he bring all this to us, I read in some of your faces. This is politics; what have we to do with politics? We are doctors of medicine. We should worry about direct legislation and its results. Sufficient for each day is its own trouble.

I bring this to you, because it is the privilege of my age and position to advise you; because my daily life spent in many countries and in all social planes has taught me, by friendly concourse, the habits and the psychology of the farmer and stockraiser, the mine and the mill, the newspaper office, the police and the criminal they track, the leaders of labor and the transportation manager, the teacher and the mechanic, the banker and the day laborer, the bureaucrat and the legislator, the Church and the brothel, the Samaritan and the reformer, in hovel and in palace. It has taught me to be broad, to value men for what they are and not for what they seem to be. It has dissipated any prejudice I may have ever had and left me with the ability to see clearly, and I thank God that at least I was born in a republic, whatever may be the form of government I am destined to die under.

Government is the contract by which all agree to live together with as little friction and as much freedom as possible. There is no reason why one group should rule more than another. All are citizens, with the certain constitutional rights of all bound as fasces to give the added strength to union. One need not have any illusions about the character of the poor, or of the attitude of the rich. The composing of the differences existing in the ever-present struggle between the multifarious interests of the many callings is an occupation which is entitled to consideration, respect, and reverence. This is politics. It influences every act of our lives, grants or denies every wish, controls our birth and our burial, our movements from place to place by land, by water or air, the character of our residence, our food, the price of our labor, what we drink and when, how we drink it, our luxuries, our comforts, our possessions and what part of them we may keep for our own use. In fact, there is nothing in life, wherever and whoever we may be, that is not controlled by politics—the science of government, which, instead of being an object of derision and distrust to a free people, should be sacred.

I bring it to you because I am interested in you more than in those who follow any other calling, and because I want to awaken in you a sense of duty as citizens and arouse you to the fact that there is a definite, persistent and well-considered and thought-out plan to entirely change the republic of Benjamin Franklin, John Hancock, and George Washington to a socialistic democracy or worse, and that to stand idly by and not oppose it is a crime against ourselves and the calling which we represent.

To realize and understand the true gravity of the situation, we must visualize the unrest and bitterness of labor of all kinds that has obtained during this century; that powerful and often rival industrial organizations have arisen and been in almost constant warfare with the federal government and that of the states, and frequently with each other.

The labor unions of transport with those of the American Federation, always militant, have at times been obnoxiously so. A dictatorial spirit has evolved from these disturbances that a public opinion, adverse to them, has alone at times been able to curb. But in the main, they have been managed by intelligent men to whom the integrity of the constitution, as protector and guarantor of individual rights, means as much as it does to any other set of patriotic citizens. If at times they appear to be selfish, they are not supremely so. They are socialists only in the acquisition of power to control their wage, with no desire to divide it with anyone or submit to extortion on the part of their leaders. But while their aim to control the government has been continuously developed, it is their right to do so if it can be accomplished by legal means and lawful methods.

There are other groups, however, that have a hatred for all control by government and restraint even by their elected leaders, whose mission is to promote and originate factional industrial strife, creating and fomenting discord in the labor world, bringing it into disrepute so that the unions may be destroyed with the government when their masters determine the opportune moment.

During the fierce economic war of the Western Federation of Miners, in its struggle to control the mines of Western America in Colorado in 1903, one of these outlaw unions was created. A labor organization of revolutionary character, the Industrial Workers of the World, was born. I have already stated that my experience with human groups has been so varied that I usually have no difficulty in understanding their group psychology. It is generally easy for me to put myself in the other man's place. But I never have been able to disentangle the twisted political complex of an I. W. W. They are doctrinaires, inhuman and incendiary, who boldly proclaim their dogma—"that the working class and the employing class have nothing in common. Between these two classes a struggle must go on until the workers of the world are organized, as they believe, to do away with capitalization. They claim that there can be no arbitration or conciliation, and no contract is binding on employees. Life is a continual war against the capital class." They recognize any kind of direct action, by strife, fire, poison or bullet, either in mass or individual, against organ-

ized society as permissible and commendable if it is to assist in the winning of their objective.

To produce such a state of mind in a mass of men, who set themselves aside as a class and who go to jail by hundreds and inaugurate the hunger strike in order to impede and clog the courts so as to make more disorder to help the cause, indicates a sullen hatred engendered by a conscious or unconscious injury by someone representing the law, as described by Balzac in "The Country Doctor," published in 1832. "The men to whom power is momentarily conferred never think seriously of the effect in the long run of an injustice done to a man of the people. Such injustices keep up in the minds of the people a covert hatred against social superiority. The bourgeois becomes and remains an enemy to the poor man, who forthwith puts him outside the pale of law and deceives and robs him. To the poor, robbery is no longer a crime, but a vengeance. If when a question of justice to the poor man arises an administrator maltreats him and cheats him of his acquired right, how can we expect the unhappy, perhaps starving, creature to feel resignation at his wrongs or respect for property?"

The I. W. W. are never at peace. Always at war with their hands against all who are not affiliated with them. During the World War, they posed as pacifists and went to jail, sooner than fight for the country. With their purposes avowed, they still attract that foolish sympathy so usual in this country for the underdog, without inquiry as to why he is under. Because of their incessant clamor about injustice and martyrdom, active organizations of rich socialists like the Civil Liberties League defend them in the courts and assist them in every conceivable way in their struggle with the government.

But we have a greater and mightier force, for which the I. W. W. is as the prophet John, who went to prepare the way for him who was to follow. An organization not ephemeral, but rich and powerful, whose tenets and rules of conduct are widely different from the ethics which control daily life among governments. It was organized by Carl Marx in London, in 1864, and grew out of the association of English and continental workmen in the World Exposition two years before. It is the International Workmen's Association, known today as the Third Internationale. It had many vicissitudes, but ultimately became the breeding ground for anarchists of the Bakunin type, "propagandists by action," like Johann Most—the type that has destroyed so many European rulers and assassinated two of our Presidents and attempted the life of a third. But, after all, the revolutionary anarchist is dangerous only to those who are rulers. The Internationale has another lot of lawless children who are dangerous to the governments themselves—the syndicalists. Syndicalism is a political and industrial doctrine which demands "that the means of production be distributed to and the government turned over to those workers who are actually useful." Unrestricted force is its basis. It differs from the I. W. W., in that the latter looks forward to the eventual control being in the hands of one big union, while syndicalism uses the same weapon of pacifism to get rid of the army, inaugurating in a general strike a reign of terror, with violence and cunning obtaining political control by abolishing capital, destroying any police force that may attempt to restrain them, reaping the field that socialism has sown, which compels capitulation or, as in Italy, a dictatorship to escape it.

Long before the European war, the Internationale was strong in Russia. These followers of Marx divided themselves into the moderates, who were just ordinary advanced types of socialists; the Mensheviks, and the ultimates, or extremists; the syndicalists, the bolshevists. When German intrigue had broken down the Imperial Government of Russia, the mensheviks, the social democrats were, for a short time, in power, but under the rhetorician, Kerensky, who could talk but not act, it did not take very long until the intrepid, cunning, wise, powerful and unscrupulous doctrinnaires, the syndicalists of the Internationale, though in a minority, had seized the government and established the soviet—a word which, signifying council and concord, has become synonymous with absolutism and discord, chaos, and disaster. Their leader, Lenine, "offered to the oppressed toiling masses the opportunity to participate actively in the free construction of a new society, a higher form of democracy, the organized form of the dictatorship of the proletariat."

These men who had had their program long prepared were men of action and not of words. Many of them were not even Russians, but all were men admirably fitted for the task they had undertaken. They immediately proscribed the following classes, in that all those who employed others for profit, those living on incomes not derived from their own work, from interest or capital, industrial enterprises, or landed property, private business men of all kinds, including all of the learned professions, middlemen, priests of all denominations, those who had been connected with the police, lunatics and criminals, were not allowed to vote or have voice in governmental affairs. Then this band of criminals, commanded by, as events subsequently proved, a paretic, proceeded to put into effect a scheme of government which, for oppression and murderous malignancy, destroying untold millions of human lives and reducing to poverty and misery all of the creative and administrative intelligence of the land, has never been equaled in any other revolution since the world began. At first, and for a long time, their government was an interesting experiment for the philosophic looker-on and even now, if its results were confined to the country in which it was tried, the interest of other peoples might be only an academical one, for it is axiomatic that the people of a country ultimately obtain the government to which the degree of their intelligence and their virility entitles them. But guided by their idol with the luetic brain, a human Robot, without conscience, faithless, denying the sacredness of any pledge, and of all financial responsibility, they complacently left their subjects to starve while spending the money which they had acquired from the government preceding them, and all that they could extort and rob wherever it could be obtained from private purses, banks, industrial establishments and churches in all Russia so that they might, by bribery and corruption, through the agents of the Third Communist Inter-

nationale, undermine and overrun all the other governments of the world, spending only at home what was necessary to acquire and maintain a great Red army to suppress all freedom of speech and action at home and prevent any counter-revolution, and to be used, if necessary, like that of Mahomet to force the doctrines upon an unwilling world by conquest.

The Soviet Government at Moscow is now the absolute rulers of all Russia, and is synonymous with and controls the Third Communist Internationale. It is and has been for over four years the bitter and persistent enemy of this republic, seeking to destroy it by the silent process of attrition. Many of its leaders have lived in our country and speak our language, and know that two governments supposedly democratic in principle, but as widely different as the sun and darkness, cannot exist together on this earth, and that for the survival of their own chosen form ours must be destroyed. Controlling an imperial purse and indifferent to the economic condition of their subjects, they have much conscious aid among our own people who take, as Judas did, the pieces of silver. The proofs of this are and have been in the possession of our government at Washington, gathered at home and abroad by the agents of the State Department and the Department of Justice under both the Wilson and the Harding administrations, according to the public admissions of the Attorneys-General and the statement of Mr. Hughes, our Secretary of State, and recognition of their government has been steadfastly declined on the ground that it would be opening the door of our house to an enemy. Take heed from the Scriptures: "But know this that if the good man of the house had known in what watch the thief would come, he would have watched, and would not have suffered his house to be broken up."—Mathews xxiv, 43. But know this: A million thieves are boring from within; the shutters are loose and the threshold is worn.

The most of us have contributed to the delinquency of our government, state and national, by fervor or by lack of understanding. Intelligentsia have no place under a Soviet, except in jail or the grave. Before we face a civil war, let us go back to the republic which has its best protection against aggression from without and dissension from within, in its possession of an unceasing flow of unending millions of young voters with sound bodies and sane minds to obey its fiats and uphold its laws, and this may only be obtained by a common compulsory military training, which adds to the principle of universal suffrage the appreciation of its honor, and breeds a willingness to make any sacrifice to uphold the government, which assures its permanency.

I bow the knee to General George Washington, who, rising from the President's chair in the constitutional convention 137 years ago, when palliatives and half-measures were suggested in the debate, in the fear that the people might not approve it, and speaking with suppressed emotion, said:

"It is too probable that no plan we propose will be adopted. Perhaps another dreadful conflict is to be sustained. If, to please the people, we offer what we ourselves disapprove, how can we afterward defend our work. Let us raise a standard to which the wise and honest can repair. The event is in the hands of God."

RELATION OF SURGERY AND RADIOTHERAPY IN THE TREATMENT OF MALIGNANT DISEASES *

By REX DUNCAN, M. D., Los Angeles

The undiminished, if not increased, mortality rate from malignant diseases would seem to indicate that little has been accomplished in the prevention or treatment of cancer. As a matter of fact, however, considerable progress has been made. Our failure to reduce the mortality rate is due not so much to our lack of knowledge as to our failure to apply to the individual case that treatment, or combination of treatment, which experience has shown offers the greatest prospect of benefit or cure. Propaganda for the purpose of educating the public and the profession has undoubtedly led to the earlier recognition of malignant diseases and the treatment of early malignant conditions. While this is extremely important, we must demonstrate to the public and profession statistically our ability to cope with malignant diseases.

The treatment of malignant diseases necessarily depends upon the characteristics of the individual case. First, it is necessary to determine definitely the location and character of the disease and possible extension or metastasis, as well as to ascertain definitely the patient's general physical condition. Secondly, one must possess a thorough knowledge of the clinical course of the type of malignancy existing. Third, it is extremely important to know the histopathological characteristics of the particular neoplasm. Fourth, one must possess sufficient training and experience with the various methods of therapy to determine that type of treatment or combination of methods which offers the greatest possibility of cure.

Recent developments in the histopathological studies of neoplasms have added a new and ofttimes determining factor in our consideration of the treatment of malignant diseases. It is no longer sufficient for the pathologist to tell us that the neoplasm is simply benign or malignant, but he must tell us more definitely of the degree of malignancy. The most important factor with which we have to deal in carcinoma seems to be the degree of cellular activity. The more a carcinoma tends to differentiate, that is, resemble normal tissue, the lower is its degree of malignancy. Conversely, the more embryonal or more undifferentiated the cells the higher the degree of malignancy. Upon these facts Broders, in 1919, classified epithelioma of the lip into four grades. His plan of grading dependent upon the degree of cellular activity is briefly as follows: Grade 1 is an epithelioma, which shows about three-fourths of its structure differentiated and about one-fourth undifferentiated, with no mitotic figures and no "one-eyed" cells. Grade 2. If the percentage of differentiated or undifferentiated epithelium are about equal, with an occasional mitotic figure and "one-eyed" cells. Grade 3. If the undifferentiated epithelium forms about three-fourths and the differentiated about one-fourth of the growth, with

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numerous mitotic figures. Grade 4. Where there is no tendency for the cells to differentiate, with numerous mitotic figures and "one-eyed" cells.

This work has been extended by Broders, ourselves and others to cover carcinomata in general. During the past year, in our laboratories we have demonstrated that carcinomata undergo progressive changes in their grades both in the primary lesion and in the metastasis which explains the sudden and rapid progress in certain cases of cancer. We have carried the work further to demonstrate the relative radio susceptibility of the different grades, which work is to be published in detail. Broder's studies cover a series of 537 cases of epitheliomata treated surgically at the Mayo Clinic. A division of the epitheliomata according to cellular activity on the basis of one to four, and the mortality according to grades is as follows: Grade 1 represents 15.82 per cent and a mortality of 11.12 per cent; Grade 2, 61.1 per cent and a mortality of 33.33 per cent; Grade 3, 21.4 per cent and a mortality of 75.38 per cent; and Grade 4, 1.11 per cent and a mortality of 100 per cent. Inasmuch as this relation in the grade and mortality applies to carcinoma in general it is quite obvious that operability is not dependent entirely upon the anatomical distribution of the disease, and that even in so-called operable cases surgery has its distinct limitations.

In more than one hundred cases of carcinomata treated in our institution during the past year, we have been able to make certain histological studies both before and at various intervals after these tumors have been exposed to irradiation. Microscopic sections were made before radiation in order to determine the degree of cellular activity and to ascertain the particular cell type. After radiation, sections were studied at fixed intervals in order to determine histological changes which had taken place. Histological changes produced in cancer, as a result of irradiation, were similar in all four grades. There is a marked difference in their degree of susceptibility. Grade 1, which more closely resembles a normal tissue, is more resistant, while grades 2, 3, and 4 are more sensitive, respectively, as they are more embryonal in type. We have demonstrated that the radio susceptibility in cancer depends in a marked degree upon the histopathological characteristics or grade of the neoplasm, the age of the host, and the quantitative relation of the pathological to normal tissues. These points are of particular importance from a surgical standpoint. Grade 2, which offers a poor surgical prognosis, and grade 3 and 4, which are practically hopeless from a surgical standpoint, are most susceptible to radiation therapy, and should always receive radiation either alone or in combination with surgery, dependent upon the characteristics of the individual case. The second or quantitative relation of pathological to normal tissues, particularly in Grade 1 and 2 carcinomata, explains the necessity for surgical combination, with radiation in certain cases that would offer a poor prognosis from either method alone. There are certain types of massive breast tumors with metastasis, generally considered inoperable, that do, with preliminary radiation, consisting of the burying of radium emanation tubes and high voltage x-ray, radical surgery and post-operative radiation, yield surprisingly good results. Large, malignant papillary and cystic tumors of the ovary yield remarkably well to combination treatment. The same principle applies to a large number of neoplasms. I would particularly stress, however, the extreme importance of adequate preliminary radiation in these cases.

Murphy and Wood have each demonstrated, experimentally, that cancer cells previously radiated do not transplant favorably, and also that normal tissues previously subjected to radiation are an unfavorable medium for the growth of transplanted cancer cells. These observations confirm our studies and explain the pre-operative value of radiation in neoplastic diseases, which produce not only inhibitory or destructive changes in the cancer cells, but render the normal tissues an unsatisfactory media for their development, and also explains why even certain cases of incomplete surgery with preliminary and post-operative radiation may yield surprising results. We should, however, bear in mind the old axiom that incomplete surgery alone in malignant diseases always hastens death.

Treatment, then, must depend upon the application to the individual case, all of the pertinent facts previously referred to, combined with a broad clinical knowledge and experience.

Unfortunately, our medical training has taught us to look upon malignant diseases from a purely surgical standpoint. If operable (the term operable has an extremely broad interpretation), such surgical procedure is undertaken as the training and ability of the individual surgeon permits; if inoperable, or recurrent, a hopeless prognosis is rendered, and the patient is either sent home to die or referred to someone, usually the radiologist for palliative treatment. This attitude may have been justifiable twenty years ago, but certainly the progress in other methods of therapy, together with the clinical value of the pathological study of the neoplasm, necessitates a complete readjustment of our ideas regarding the treatment of malignant diseases. An unprejudiced study of the abundant statistics, extending over a period of years, demonstrates quite conclusively the value and limitations of surgery alone. The past ten years have seen a marked development in radium therapy, and during the past two years tremendous progress has been made in x-ray therapy. The shorter time for observation is more than compensated for by thorough histological studies of the effect of radiation upon neoplastic and normal tissues.

Adequate facilities for the use of radium emanation permits of a much more elaborate technique and greatly increases the scope of radium therapy. In those cases in which it is possible to effect an equal and homogeneous radiation with radium—and for this purpose the burying of the emanation tubes is of extreme value—the effect upon the neoplastic tissues is in many instances more favorable than that obtainable by x-ray. However, recent developments in x-ray make it possible, with high voltage equipment, to effect a homogeneous radiation of the neoplasm in any part of the body without injury to the overlying or adjacent tissues and without serious

constitutional disturbances. We have had an opportunity to observe, during the past eight years, microscopically and clinically, the local and constitutional effects of radium therapy in nearly four thousand cases and more than five hundred cases treated with high voltage x-ray therapy during the past two years.

The time is not propitious for a detailed discussion of radio therapy, but suffice to say that we have, with proper equipment and technique, facilities permitting the employment of radium and x-ray, either alone or in combination, as a means of effecting or destroying malignant cells in practically any portion of the body. Neither is it within the province of this paper to attempt to outline in detail the precise method of treatment of any of the numerous types of malignant diseases; rather would I emphasize the basic principles underlying the intelligent treatment of neoplastic diseases, leaving their precise application to a more exhaustive discussion of certain types or individual cases.

While less study has been given to sarcoma and other types of neoplastic diseases, in a general way the same principles apply as in the treatment of carcinoma, although, on the whole, sarcoma is less favorable from a surgical standpoint.

There is sufficient statistical material available covering certain types of cases based largely upon their anatomical distribution to permit of a comparative value of various methods of treatment. As an example, we may cite cervical carcinoma, in which radium therapy alone yields clinical cures in 75 per cent of the earlier or operable cases as against approximately 20 per cent from the most radical surgical procedure. Willis, in a recent report, covering the operative end-results of more than two thousand cases of carcinoma of the breast treated by our most capable surgeons, shows clinical cures for a three-year period of approximately 35 per cent as compared with recent reports by Lee, Sittenfield, and others, showing clinical cures of approximately 85 per cent from combined radiation and surgery. Lymphosarcoma, on the other hand, is strictly a non-surgical condition yielding favorable results from combined radium and x-ray therapy. In superficial epitheliomata there are obtained not only a higher percentage of cures, but much more favorable cosmetic and functional results with radium than by x-ray or surgical methods. In malignant diseases involving the bone, surgical methods, preferably cautery, combined with radiation therapy is essential.

It is obvious, from a consideration of the above, that the treatment of malignant diseases is not a matter to be considered from the standpoint of any single method of therapy, but requires a thorough knowledge of the various therapeutic methods, as well as a thorough understanding of the pathological and clinical course of the disease.

A broader and more intelligent application of the above factors to the treatment of the individual case would relieve untold suffering and yield a higher percentage of cures, improve our mortality statistics, regain the confidence of the medical profession and the public, and prove a determining factor in solving the cancer problem.

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DISCUSSION

John M. Rehfisch (391 Sutter Street, San Francisco)—A paper like this of Duncan's is a very welcome addition to the literature in these days, when the schoolmen of radiology both in this country and abroad are exercising their wits in the pursuit of the new philosopher's stone, the cancer dose. Duncan lays emphatic stress upon the complicated multiplicity which underlies the superficial, simple unity of malignant manifestations. He has chosen to lay special emphasis upon the morphological differences which influence the reaction of tumor cells, and has ignored other less well-known—perhaps hardly even guessed at—biological factors which, undoubtedly, play at least as important parts in tumor growth and control.

In the present state of our knowledge, and with the present necessity upon us of weaning the unwary radiotherapist from the dangerous doctrine of the cancer dose, it is probably wise to stick, as Duncan has done, to items of propaganda that are susceptible of physical demonstration. Let us hope that the biologists will shortly give us other biologic data even more important than the morphologic on which to base our theories and our practice of radiotherapeusis.

I wish most heartily to second Duncan's plea for more consistent combination of surgery and radiotherapy with the employment of pre and post-operative courses of radiation. Many surgeons are missing opportunities for improving their results in malignancy by adhering to their old and formerly quite justifiable custom of inviting the aid of the radiotherapist only in their hopelessly advanced, and sometimes their moribund cases. Little by little, by demonstration and by precept, we should seek to do away with the widespread surgical preconception and prejudice that radiotherapy is a placebo for the hopeless and a gentle and harmless diversion for the dying.

Edwin I. Bartlett (291 Geary Street, San Francisco) — Conflicting opinions between radiotherapy and surgery values in the treatment of cancer are naturally stronger among those whose training and experience has been more highly developed in a limited field. Then, too, evidence in both fields is frequently inconclusive because of competition or prejudice. Radiotherapy is a therapeutic agent of increasing value, but it will not now accomplish all that some of its enthusiastists claim for it. Conservatism is a necessity if radiotherapists are to give patients the greatest number of chances for a cure, and if they are to retain the confidence of the medical profession.

The use of radium against malignant disease is still in the stage of experimentation, and must necessarily remain in this state until more is known about its biological reaction and more definite rules for dosage are established. Statistics and discussions of the comparative value between surgery and radium in the treatment of malignancy are unfortunate, and do not add to progress in the prevention and cure of these diseases. Most experienced students believe that where surgery cannot accomplish a cure radium also fails, while, on the other hand, where radium fails, surgery may accomplish a cure. In other words, surgery fails only where the disease cannot be eradicated or reached. When there are metastases, radium is not effective and surgery seldom so.

This statement is supported by pathological examination, follow-up records over long terms of years, and frequently by autopsy reports. It is not dependent upon "surprising results" or "clinical cures" based upon a record over a term of a few years. It may be true that a totally undifferentiated epithelial cell is very susceptible to radium, but this does not prove that radium should be employed in place of surgery

in cancer of the lip; the cases cited by Duncan ultimately died of metastases over which radium had no control, regardless of the degree of differentiation. On the other hand, if the type of cancer which invariably metastasises is not curable by radium because of that fact, and the type which does not metastasise until very late is extremely resistant to radium, then why is it not better to use surgery first in all cancers of the lip? It is admitted by all that radium will frequently get rid of the local lesion, and when combined with proper gland dissection may yield as satisfactory a result as surgery. Furthermore, in many localities and in non-metastasising growths its use in the treatment of the primary lesion is decidedly preferable. If we cannot realize, however, its limitations, radium will prove a curse rather than a blessing, under the present knowledge as to its action. One cannot help being enthusiastic about anything which promises cures in cancer, but for the present we cannot afford to give precedence to any physical agent where proper surgery holds out proven opportunities for a cure. The locations where radium treatment is most promising are the same locations where surgery has already fully demonstrated its curative value.

Frank W. Lynch (University of California Hospital, San Francisco)—Doctor Duncan states that our present knowledge concerning cancer forces a revision of the idea that the treatment of malignant disease is purely surgical, to which all cancer students unhesitatingly agree. Of that there can be no possible doubt. As a reason for his belief, Duncan states that, working along histopathological lines, he has been able to classify his own cases so that he may select radium or radium and surgery as a proper method of treatment for an individual case.

His article presents chiefly propaganda, and from that standpoint merits no criticism, because there is no doubt that there are an enormous number of surgeons who are as yet unconscious of a fact that has been established for years; i. e., that surgery can cure only such cases as permit of the removal of the entire cancer-bearing area, except in a few types of a semi-malignant growth. Since early, or operable growths, are unfortunately extremely rare, radium or high voltage x-ray should be used for the very great majority of cancer cases now being presented for treatment.

From the standpoint of a scientific article, however, Duncan's paper is open to many criticisms. Thus, he presents no detail of his own investigations (although he promises it later) so that others may pass upon them. This would be unimportant were it not for the fact that Duncan urges a further restriction of surgical procedures and a corresponding increase in radium and x-ray therapy. Even at that, there could be no objection to this doctrine if cancer therapy is to remain in the hands of the general practitioner; but Duncan states, at the beginning of his paper, that one who undertakes the treatment of malignant disease must possess not only a comprehensive understanding of the structure of the neoplasms, but also of its individual methods of growth so that he may select the type of therapy which is best adapted to the individual case. This would remove the treatment from many practitioners. From the standpoint of the specialist, we must judge the paper.

Duncan, unfortunately, misquotes the literature—a most serious error, since many men who do not have a first-hand knowledge of the literature quote from this type of paper and develop their own method of therapy from them. The misquotation to which I refer is in reference to cervical cancer. He argues that "cervical carcinoma, in which radium therapy alone [is used] cures 75 per cent of the earlier or operable cases, as against 20 per cent from the most radical surgical procedures."

The facts are quite different since a radical operation in a properly selected case cures upward of 50 per cent. The most radical procedure for the treatment of cancer of the uterine cervix is that of Ries. This surgeon reports that, of thirteen cases surviving operation, seven were alive, one living twelve years, one eleven years, one ten years, two nine years, and one seven years. The seventh case was counted lost sight of, although she returned with a growth in the inguinal canal nine years after operation, was reoperated, and followed for one year later. The ordinary radical operation for cancer of the uterine cervix is that of Wertheim. These reports are in recent text-books. Wertheim's series comprises 863 cases, of which 36 refused operation, 447 were inoperable, and 380 were operated. There were 160 cases which were free from recurrence at the end of five years' observation, or 53 per cent of the cases surviving operation, or 43 per cent of the cases operated, or 19½ per cent of the entire number of cases of operable and inoperable cancer which were presented for treatment. Cobb, in Boston, reports that 83 per cent of his private cases ssurvived a five-year period of observation and reported without recurrence. In nearly all series, surgeons have excluded the cases which died following operation from the list from which they calculated their percentage of cures. Strictly speaking, therefore, these operative results should be reduced approimately 2 0per cent for operative mortality if you desire to contrast them with the results of radium. Duncan's statement, therefore, is a serious error. Had he said, however, that surgery did not cure 20 per cent of the women operated on throughout the country for cancer of the uterine cervix, we would be compelled to say his percentage of estimated cures were too high. He did not, however, so state.

If the surgeon is in error for various definitions of the term "operability"—and there is no doubt but that he is—the radiologist has to answer usually for a more serious fault. It has taken the surgical world a full generation to learn that no case can be counted a cure that has not stood for a minimum of five years. Many cancer students insist upon seven, since Weibel has shown that 6.6 per cent of Wertheim's 169 cases which had stood for at least six years developed carcinomatous recurrences in the pelvis six to eight years after operation. In spite of this, the radiologist has flooded the literature with reports of "clinical cures" that have stood for comparatively few months. It seems a pity to thus confuse the literature. While anyone can get nearly any type of statistics he desires from any literature, it is well worthwhile to turn to the reports of Bumm of the University of Berlin, considered by many one of the most brilliant of the European operators and one who has had an extremely large experience in radiotherapy. His report reviews his own series of early and operable cases, some of which were treated by operation alone, while others received only radium. Only 28½ per cent of fourteen operable cervical carcinoma which were radiated and not operated remained cured for a five-year period. Of 157 similar cases operated and not radiated, seventy-seven, or 49 per cent, were well after periods from six to eight years. Bumm emphasizes that the percentage of cures after radium in operable or border-line cases of carcinoma of the cervix was one-third less than that obtained by operation if the cases had stood for six years. When the cases are observed for a period of only three years, the results of radium far surpass those of operation. These figures, while in accord with the facts, confirm in another way that he who would treat cancer properly must be prepared to use surgery, radium, and high voltage x-ray.

R. E. Skeel (The Westlake Professional Building, Los Angeles)—Doctor Duncan's paper is of so general a character that its discussion is difficult, but two features perhaps may be specifically mentioned. Microscopic diagnosticians have known for years that certain cell characteristics indicated that some growths were possessed of a higher degree of malignancy than others, but I believe it will be a considerable time before a definite classification can be adopted on this basis, and it never will be possible to consider this alone to the exclusion of clinical

signs, duration of the growth, its location, etc. There is no doubt, however, that this attempt is a step in the right direction, and its continued study is judicious.

Speaking generally, the trend is away from the huge, high mortality, radical operation for advanced or moderately advanced cancer, since the ultimate outcome in the individual case is bad, and the effect on the public mind such as to discourage operative procedures upon patients in whom operation might prove curative.

Thus in cancer of the cervix, while I remain skeptical as to the permanent cure of even the moderately advanced case by any method of treatment, I am convinced that palliative methods prolong life and relieve suffering, and of these methods radiology is by all means the most promising. It is conservative to say that the high mortality extensive operation carries with it no better "clinical cure" outcome, while every operative death or early recurrence makes many potential enemies for all surgery in cancer.

"Early cancer extensive operation, late cancer little or no surgery," is the best surgical motto, and to this radiological treatment adds an element of hope not to be obtained in any other manner.

Doctor Duncan (closing)—The purpose of presenting this paper was to urge more careful study and broader consideration in the treatment of malignant disease, particularly referring to certain scientific work that unquestionably demonstrates that radiation therapy is a very valuable adjunct. It is unfortunate that many men who consider themselves competent to discuss and treat malignant disease surgically and otherwise have little knowledge of the pathological aspects of malignancy, a very limited clinical experience, an incomplete knowledge of the literature and—as would naturally follow—decidedly prejudiced opinions.

Replying to Lynch's criticism of my statistical reports, I would suggest that he review Janeway's paper, which was the most comprehensive statistical report on uterine cancer covering approximately 6000 cases reported by various surgeons throughout the world. And I further repeat, that based upon this report of a large number of cases operated by numerous surgeons, that the ultimiate clinical cures resulting from surgery alone in early cervical carcinoma were less than 20 per cent. It is quite true that there have been reported small series of carefully selected cases operated that yielded a much higher percentage of cures; however, this would include such a small percentage of the actual cases of uterine cancer and of those actually operated on as to be of little real statistical value.

I agree with Lynch when he says that "He who would treat cancer properly must be prepared to use surgery, radium, and high voltage x-ray," but would add, with emphasis, that he must also have proper facilities and training, as well as a thorough understanding of malignancy to use them in their proper relation. Referring also to a more detailed report of our investigation, I would refer the doctor to the article entitled, "The Grading of Epitheliomata and Their Radiation Sensibility," published in the New York Medical Journal, page 681, under date of December 5, 1923.

An opportunity to observe thousands of cases of malignancy treated by various methods during the past ten years has convinced me that we all have much to learn regarding this disease. However, there is no question but that a thorough study of the individual case and a less prejudiced and broader use of various methods or combination of methods of therapy of proven value would yield more favorable results in the treatment of malignancy and as a consequence increase the confidence of the public and the profession in our ability to cope with malignant diseases.

THE SECOND GREAT TYPE OF CHRONIC ARTHRITIS IN ITS RELATION TO INDUSTRIAL ACCIDENT CASES *

By LEONARD W. ELY, M. D., San Francisco

The relationship of trauma to the second great type of chronic arthritis is a question of frequent recurrence in industrial accident cases, and seems as far from settlement as it was years ago. Opinions differ radically, and cases are argued again and again, coming up periodically for adjudication. Sooner or later the problem must be solved, and as a step to the solution I am bringing it up for discussion at this meeting. Let me state the problem as it usually presents itself. A man at work falls; or he twists, wrenches or strains his spine or one of the larger joints of an extremity. Immediately, or after a short interval of time, he complains of pain. If the injured joint is of an extremity the pain is felt in the affected joint; if the spine is injured, the pain is felt in the back or running around the trunk, or more frequently down the lower extremities. Less often the pain runs down the arms. X-ray films are taken, and show the spurring and lipping characteristic of the form of arthritis known by so many different names—hypertrophic arthritis, degenerative arthritis, osteoarthritis, arthritis deformans, etc., etc. What relation has the injury to the arthritis, or, more exactly expressed, what relation has the injury to the bone and cartilage changes plainly shown by the X-ray film?

In the past the opinion has been strongly held that the bone changes were the direct result of the trauma, but of recent years this view has been challenged on many grounds, viz.:

1. In almost every disease of bones and joints, trauma has been advanced as the cause. As our knowledge of the disease has increased, the impossibility of trauma causing it has been demonstrated. This is true of tuberculosis as well as of other infectious processes.

2. Bone can be injured in one way only, and that is by fracture. It cannot be strained, sprained, or suffer contusion. Trauma either fractures a bone or leaves it uninjured. In the absence of a fracture, bone can be attacked only by a disease of its contained marrow.

3. The gross bony changes existing in these cases must take a long time for their formation. It is impossible that they would appear on an X-ray film taken a day or two after an injury if they had not been there already. They must have been present before the injury. This view is substantiated by the presence of the same changes in other uninjured joints, radiographed at the same time. In the spine especially, when the pain is felt in the lumbar region and running down the legs, the X-rays may show more or less extensive involvement, perhaps of the entire spinal column.

4. This disease is seen almost invariably in persons of middle and later life. It is unknown in children. It occurs almost exclusively in persons

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whose alveolar processes have abscesses at the roots of their dead teeth. Young people injure their joints as much as older people, but, immune from these root abscesses, they are immune also to the disease under discussion. On the other hand, the disease occasionally is seen in persons with sound teeth.

5. Intestinal parasites have been found in the stools of a large proportion of the patients, and are suspected as the cause of the bone lesions. Their portal of entry is assumed to be in the great majority of cases the suppurative osteomyelitis at the roots of the teeth.

In a case like this, when opinion is so divided, the solution is often found by laboratory study. I might instance pulmonary tuberculosis and appendicitis. Clinical study was unable to find the cause of either disease.

The gross changes of this type of arthritis have been known for a long time. They have been recognized in Egyptian mummies, it is said, and since the introduction of the Roentgen rays, their frequency has been appreciated. On the other hand, the histological changes have received rather scant notice, though a few writers have given excellent descriptions of them, notably the late Dr. Nichols of Boston. They have always been rather mysterious. Their sequence was hard to figure out. Given the original tubercle in bone marrow, what followed then in the bone, cartilage and joint was quite comprehensible, but in the second type of arthritis we noted the remarkable changes in the bone and joint tissues, and could not detect what was behind them. No reliable evidence of any bacterial infection ever has been adduced.

Three years ago I called attention to the areas of aseptic necrosis in the marrow in the immediate vicinity of the joints in specimens of this type of arthritis, and ascribed to them the primary role in the pathology of this disease. Since then I have accumulated more material, and have confirmed the observation repeatedly. They constitute the fundamental change. What follows in the bone and cartilage is the result, and its sequence upon the primary necrosis in the marrow is comparatively easy to understand. The pathological changes in the tissues in and about the joint may be briefly enumerated, more or less in the order of their occurrence:

1. Bone production immediately under the articular cartilage, and especially at its circumference. This bone formation probably extends into the ligaments for a short distance, giving the appearance of the spikes and spurs seen in the X-ray films, but not extending from bone to bone to produce a bony ankylosis, except possibly in the spine. It forms a layer of greater or less thickness under the articular cartilage, causing it to degenerate. More or less of the cartilage is also transformed into bone. Bone formation also goes forward within the bone, but not to a marked degree. The necrosis in the marrow causes a preponderating bone absorption, and this bone absorption can usually be detected in the X-ray film, if it is looked for. All these changes take time to produce; hence, if they are present a few days after the occurrence of an injury, we know that the injury did not cause them, but that they were there before.

2. Part of the articular cartilage may be transformed into bone, as has already been said. As the result of the damage to its nutrition the rest of the cartilage becomes fibrillated, degenerates, and then, in whole or in part, wears away, leaving the subjacent bone bare. This thickened subjacent bone becomes polished like ivory (eburnated), and becomes grooved in the line of joint motion.

3. The synovial membrane becomes thickened, fatty, fibrous, and villous. In other words, as the result of the bone and cartilage changes, which have distorted the joint, and probably exclusively as the result of the trauma occasioned by the ordinary use of the joint, viewed as a damaged machine, a chronic synovitis or arthritis is added.

The changes enumerated above may occasion considerable pain, but more often do not. On the other hand, a badly affected joint may be comparatively painless for a long time, and then, without known cause may become very painful. The pain may become so severe that a resection of the joint offers the only relief. Sometimes the disease is painless, and then the characteristic changes appear as accidental findings in the X-ray films.

Let us now state the problem as it exists in industrial work: A man falls, or wrenches one of his larger joints, particularly one of the joints of his spine. He complains of pain and disability. The radiogram shows the characteristic changes of this form of arthritis. After a greater or less time the man complains that the pain and disability have continued, and puts in a claim for permanent disability. Just what relation does the injury bear to the case? I have maintained for some time that all results of the injury were only temporary, and I have reached this conclusion along two lines of reasoning:

1. We have been paying especial attention to this disease at the Stanford Medical School for a number of years, and I do not remember to have seen a case unconnected with accident work in which a simple trauma resulted in permanent disability. The disease is very frequent. We can usually count on about 100 cases a year out of about 1000 patients. Many of our patients give no history of trauma. Some date their symptoms from a trauma, but we expect the symptoms referable to the trauma to subside in a few weeks. Thereafter we look for the disease to take its natural course. If intestinal parasites be eradicated in either case, and if all dead teeth be removed, all symptoms may subside in the milder cases, but we always remember that the pathological changes are permanent, and look on the joint as we would upon any other damaged machine. If it be required to perform the work of a normal joint, or if it undergo a slight strain or sprain that in a normal joint would pass unnoticed, pain, stiffness, and limitation of motion may recur. No operation can restore the normal contour of the articular surfaces, nor make normal cartilage grow over the roughened end of the bones.

2. The second objection to the traumatic theory is the loose and vague employment of the word "trauma," a looseness and vagueness unknown in the discussion of organs other than bones and joints. Just what is this trauma? One does not speak of

signs, duration of the growth, its location, etc. There is no doubt, however, that this attempt is a step in the right direction, and its continued study is judicious.

Speaking generally, the trend is away from the huge, high mortality, radical operation for advanced or moderately advanced cancer, since the ultimate outcome in the individual case is bad, and the effect on the public mind such as to discourage operative procedures upon patients in whom operation might prove curative.

Thus in cancer of the cervix, while I remain skeptical as to the permanent cure of even the moderately advanced case by any method of treatment, I am convinced that palliative methods prolong life and relieve suffering, and of these methods radiology is by all means the most promising. It is conservative to say that the high mortality extensive operation carries with it no better "clinical cure" outcome, while every operative death or early recurrence makes many potential enemies for all surgery in cancer.

"Early cancer extensive operation, late cancer little or no surgery," is the best surgical motto, and to this radiological treatment adds an element of hope not to be obtained in any other manner.

Doctor Duncan (closing)—The purpose of presenting this paper was to urge more careful study and broader consideration in the treatment of malignant disease, particularly referring to certain scientific work that unquestionably demonstrates that radiation therapy is a very valuable adjunct. It is unfortunate that many men who consider themselves competent to discuss and treat malignant disease surgically and otherwise have little knowledge of the pathological aspects of malignancy, a very limited clinical experience, an incomplete knowledge of the literature and—as would naturally follow—decidedly prejudiced opinions.

Replying to Lynch's criticism of my statistical reports, I would suggest that he review Janeway's paper, which was the most comprehensive statistical report on uterine cancer covering approximately 6000 cases reported by various surgeons throughout the world. And I further repeat, that based upon this report of a large number of cases operated by numerous surgeons, that the ultimiate clinical cures resulting from surgery alone in early cervical carcinoma were less than 20 per cent. It is quite true that there have been reported small series of carefully selected cases operated that yielded a much higher percentage of cures; however, this would include such a small percentage of the actual cases of uterine cancer and of those actually operated on as to be of little real statistical value.

I agree with Lynch when he says that "He who would treat cancer properly must be prepared to use surgery, radium, and high voltage x-ray," but would add, with emphasis, that he must also have proper facilities and training, as well as a thorough understanding of malignancy to use them in their proper relation. Referring also to a more detailed report of our investigation, I would refer the doctor to the article entitled, "The Grading of Epitheliomata and Their Radiation Sensibility," published in the New York Medical Journal, page 681, under date of December 5, 1923.

An opportunity to observe thousands of cases of malignancy treated by various methods during the past ten years has convinced me that we all have much to learn regarding this disease. However, there is no question but that a thorough study of the individual case and a less prejudiced and broader use of various methods or combination of methods of therapy of proven value would yield more favorable results in the treatment of malignancy and as a consequence increase the confidence of the public and the profession in our ability to cope with malignant diseases.

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a trauma of the appendix or muscle. The appendix may be ruptured, the muscle may be contused, severed or lacerated. Leaving out the results of penetrating wounds, we can conceive of two things only which trauma can do to the joint tissues. It can cause an intra-articular fracture or a sprain.

The presence or absence of a fracture can be demonstrated by the Roentgen rays.

The symptoms of a sprain subside in a few weeks.

There is one important aspect of the great second type of arthritis in its relation to industrial accident work, as well as to other surgical work, that has not received the attention it deserves. I allude to its relation to intra-articular fractures. To it are probably due the stiffness, pain, and restriction of motion following intra-articular fractures in elderly persons, and the only rational explanation we can make for this fact is that the fracture set free into the joint the infectious material previously locked up within the bone.

I wonder that we have been able for so long to plead this connection between the great second type of arthritis and trauma. Some day, I feel sure, the thought will occur to some examining attorney of penetrating acumen to ask the medical expert the simple question, just what is this trauma and how does it act?

California Northern District Medical Society (reported by C. J. Durand, secretary)—At the thirty-fifth semi-annual meeting of the California Northern District Medical Society, held in Sacramento on January 22, C. E. Schoff of Sacramento was elected president and C. J. Durand of Colfax was elected secretary.

The thirty-sixth semi-annual meeting of the society was held in Colfax on April 22, thirty-eight members being present. The morning session, held at the Colfax School for the Tuberculous was in the form of a clinic on artificial pneumothorax in the treatment of pulmonary tuberculosis. Robert A. Peers and his staff did some fluoroscopic work, demonstrated x-ray plates of compressed lungs and made two actual lung compressions. Luncheon was served at the Standard Oil Sanatorium, through the courtesy of Louis P. Howe, chief surgeon of the Standard Oil Company of California. The afternoon session, held at the Colfax Theater, comprised four papers. F. F. Gundrum of Sacramento spoke on "Spirillosis" and gave a clear outline of Vincent's angina, its diagnosis, divers manifestations, complications and treatment. He was followed by F. J. Conzelmann of Stockton State Hospital, whose subject was "Mental Sickness." This paper covered the subject very thoroughly, discussing diagnosis, emphasizing the need of more study in examination of the patient and taking up in detail the different phases of insanity and the psychoses. Another paper on "Psychotherapy in General Medicine" was given by V. H. Podstata of Livermore. This paper was of great interest and contained many practical details for all present. Leo P. Bell of Woodland treated the subject of "Supra-pubic Prostatectomy Under Regional Anaesthesia," illustrated with lantern slides. Each one of these papers proved of general interest to all present and provoked much timely and valuable discussion.

You who dream of the great things to come, why don't you commence? Why do you wait for the campaign, the posters, the meetings, the influential names, the backing? Why must you float on rivers of ink? Why must you start where the toilers left off? Begin!

ERRORS IN DIAGNOSIS OF ABDOMINAL CONDITIONS *

By WALTER WESSELS, M. D., Los Angeles,
(From the Department of Clinical Medicine, College Medical Evangelists.)

Progress is made in all lines, including medicine, by profiting from experience, especially from mistakes. In an active practice it is fitting to occasionally pause and survey our own work, take stock as it were; thereby anticipating future repetitions of the same mistakes. Each of us can recall many blunders, but unless these mistakes help us they are in vain.

In such a survey recently made, the disclosures have been of so much interest to me that I thought it might be of sufficient import to share a part of this experience with you.

The cases about to be reviewed are from the records of the Los Angeles General Hospital, and from my own files. Needless to say, they represent only a *few* of our mistakes.

The Stomach—Davidson says, "With the possible exception of carcinoma, there are no primary diseases of the stomach." When we think of the stomach as one of the earliest embryonic structures, and that the organ may be removed with impunity, one may indeed pause. While the above statement is too broad, still there is an element of truth in it. If we look up primary chronic gastritis in any textbook on internal medicine, we find many pages devoted to this subject; yet, excluding alcoholic gastritis, toxic gastritis, and achylia gastrica, we have rarely seen any cases of primary chronic gastritis in a practice extending over twenty years, although many cases have been referred with this diagnosis. When a study of the case is made, we usually find either ulcer, carcinoma or secondary gastritis due to anemia, cardiac, hepatic or renal diseases. In our experience, nephritis is the most frequent condition sent in with the diagnosis of chronic gastritis.

Example — A woman of 45 years, after being treated for persistent vomiting of mucus, which occurred several hours after eating, and with diaphragmatic pain (from retching), was sent in with a diagnosis of gastritis. The stomach symptoms had overshadowed everything else, as a urinalysis cleared up the true condition, and a study of the blood chemistry corroborated the diagnosis of nephritis.

Exanthemata — The exanthemata are often mistaken for acute gastritis on account of the vomiting, but as this occurs mostly in children who are under observation in the home until the true nature of the condition is disclosed, I rarely see them.

Not infrequently children have had appendecectomies performed on account of the reflex abdominal symptoms due to pneumonia or pleurisy, but occasionally the exanthemata with enanthem may present baffling symptoms.

In April, 1922, a young man of 18 years was sent to the General Hospital. He had been ailing for a few days. On the day of admission he had a slight temperature, a slight cough, abdominal pain, vomiting; diffuse abdominal tenderness, especially

* Read before the Nevada State Medical Association annual session, Reno, September, 1923.

at McBurney's, with slight rigidity; W. B. C. 14,000; urine negative. An appendecectomy was performed the same day. The pathology found was insufficient to account for all the symptoms. On the next day he developed the typical rash of measles, and the diagnosis was disclosed. The abdominal symptoms were probably due to the severe enanthem, which was aggravated by taking castor oil. Osler describes the enanthem (or rash of the mucous membrane), which appears before the external rash.

Fantus advises against the administration of castor oil in these cases because it acts as an irritant; however, had we looked for Koplik spots in this case, the operation probably would have been avoided.

Ulcer, Cholecystitis, Appendicitis — The three conditions which are most difficult in abdominal diagnosis are ulcer, cholecystitis, and appendicitis.

Even after the closest observation, I am sure that we have all made errors. Present refinements in diagnosis have not cleared up the question; experience alone will not suffice. Probably? No. Surely! Future medicine must find a way to differentiate these conditions. Personally, if I make a diagnosis of ulcer, and put the patient on frequent feedings and alkalinization, and it does not clear up, I look for some other conditions as the cause of the symptoms.

Examples — 1. A woman came in with all the symptoms of ulcer—pain, recurring at definite times after meals, with food ease, vomiting of blood, occult blood in the feces, deformed duodenal cap, and hyperperistalsis. Particularly on account of the hematemesis, a diagnosis of an ulcer was made. At the Mayo Clinic three months later gall-stones were removed. No ulcer was found.

2. Another patient had all the typical symptoms just enumerated, except hematemesis. Several gastro-intestinal studies had been made previously, and there was a diagnosis of ulcer. A gall-bladder plate, which had not been taken before, fortunately revealed shadows of calculi. Stones were removed, and the patient recovered.

3. Another patient with the typical symptoms of peptic ulcer, including duodenal cap deformity, hyperperistalsis, hyperacidity, and definitely recurring pain, we diagnosed as ulcer. He was treated for a few weeks with proper ulcer treatment, with no change in symptoms. Another x-ray study was made after giving belladonna. The appendix was found to remain filled for over eight days. An appendecectomy cleared up the symptoms.

Gastric Crises—There was quite a group of cases which had had various diagnoses. Some of them had been operated upon for gastric ulcer before we saw them, but without relief. These proved to be gastric crises of locomotor ataxia. In a few, the only other sign, except the positive spinal fluid, was the Argyl-Robertson pupil. This mistake is a rather common one and should be guarded against.

While I could continue citing other errors in which angio-neurotic edema, renal calculi, and ovarian cysts were found to be present, it would take more time than I have at my disposal.

Spider-bite—There is a group of cases, however, that might be of interest. There were four in the series during the past two years. Let me give you the history of one in detail.

A man, 42 years of age was sent to the Receiving Hospital after being sick for twelve hours. He had eaten fish for dinner the evening before, and later went to an out-of-door toilet. After straining without effect, he went back to the house and to bed. Almost immediately he noticed pain in the left groin, which became more severe, going over to the right side. In fifteen minutes the pain became intense. A doctor was called. Hypodermics which were administered did not relieve him, so he was sent to the Receiving Hospital. On admission his temperature was 101.2°, his abdomen was board-like; he was in agony, and drenched with perspiration. A diagnosis of either food-poisoning from the fish, or a possible peritonitis was made, and he was transferred to our service. When admitted, his blood count was 21,000, with a normal differential count. His breathing was rapid and forced, his face reddened; his eyelids swollen; his abdomen tense, but not tender. The admitting interne made a diagnosis of acute appendicitis. Our chest man saw him and found a few rales. This, together with the rapid, forced breathing and flushed face, convinced him that we were dealing with a beginning pneumonia. The resident physician called it ruptured gastric ulcer.

On the following morning the resident physician and I went over the case together. He found the signs enumerated, and also what looked like a small insect-bite on the glans penis. He had in mind the three other cases, so questioned the patient further, and found that he had been stung by a spider while in the out-of-door toilet.

This group of cases of spider-bite is interesting because of the severity of the symptoms produced from such slight cause, and its possibility must be in our mind, especially in the countryside, where out-of-door latrines are used.

In all of these cases the bite was on the glans penis. Whether toxic or anaphylactic, we do not know, but the vascularity of the parts is responsible for the rapid absorption and severity of the symptoms.

Recovery took place in a few days with symptomatic treatment. The spider which causes these symptoms is the Latrodectus mactans. It has a large black body, with a red spot on its belly. Its habitat is chiefly California and Texas, but it is also found in other parts of the United States. Strangely, its common name is the "black widow."

In this study, which could be extended ad infinitum, certain facts stand out.

1. The cases all had abdominal symptoms.
2. They all had wrong diagnoses.
3. The correct diagnosis was arrived at by various means—in one the x-ray was the criterion, in another the laboratory findings, in another a careful history, and again, clinical experience. X-ray in abdominal conditions has become indispensable, but we must be warned from time to time not to be too dependent on this aid. The modern tendency is to attach too much importance to laboratory results.

These findings are important. Indeed, I believe future medicine will be advanced more by laboratory research in physiology and chemistry than by any other means; still, at the present time, we must restrain ourselves from allowing the laboratory to usurp the place of clinical experience. The human body is not a living test tube.

If I were to evaluate the most important elements that these errors have taught me I would say:

1. We should be most careful in the taking of histories (everyone of us can do that), for I believe many mistakes can be avoided thereby.

2. The most important lesson is that, after all, it is the clinician, who in an unbiased way evaluates the important points wherever they appear, whether in the history, the physical examination, the laboratory findings, or in the x-ray studies, who is of the most value to his patient and to his profession.

In the words of Connor, read before the annual meeting of the Yale graduates last June: "My plea then is, for an effort on the part of all of us to resist and counteract the growing inclination to regard the use of the laboratory and instrumental aids as the chief means of diagnosis, and to give too little weight to the more laborious but more important measures of painstaking clinical observation and careful deductive reasoning."

1501 South Grand Avenue.

A SYSTEMATIC USE OF OPIUM FOLLOWING CERTAIN LAPAROTOMIES

By ASA W. COLLINS, M. D., San Francisco

Although in principle the use of opium and its derivatives after abdominal operations has been all but discarded by most modern operators, I have found it so useful as a routine measure in my own practice that I take this occasion to report my results during the past year.

The chief reason why the routine use of morphine after laparotomy has been abandoned seems to be a general agitation against its use dating from the time since the use of narcotics was restricted by the Harrison law, but the fear of its dangers is decidedly unjustified, considering my own experience. One should not forget that there are sometimes contra-indications. In very serious and critical cases, especially in patients who seem close to the lethal exitus, most physicians have a dread of a possible unfavorable result and hesitate assuming responsibility. Of course, there may be some danger of its abuse when permitted to be used on slight provocations or, which is worse, the administration of this powerful drug only when the patient is completely exhausted and fairly screaming with pain, then, and only then, does she learn for the first time its marvelous action and demand a repetition of the dose when first symptoms of the previous attack are manifest.

My method is the regular administration every four hours of a tablet, per hypodermic, containing all the alkaloids of opium, or the alkaloid in ¼ grain doses, beginning four hours after the preoperative dose has been given and repeating every four hours day and night for from three to five days after operation, whether awake or asleep.

The results of this method of treatment I will refer to later.

When we review the best text-books and the literature of recent years on this subject, we find more authors opposed to the use of opiates in the after treatment of abdominal operations than are in favor of it.

For this reason, it may be interesting first to examine the antagonistic opinions which some of them advance.

Clinton Cushing says: "The less opium a patient gets after an abdominal section the better, and much the larger proportion of my patients get no anodynes whatever. The pain from the operation gradually subsides; the patient is turned on either side from time to time to rest him; no food is allowed until peristalsis has commenced sufficiently to expel flatus from the anus, etc."

After describing their routine, Deaver and Muller maintain a very decidedly declining attitude: "If the operation is performed rapidly and if the patient is not saturated with ether, the element of shock plays but a small part as a sequela to operation. By the prompt use of such stimulants as strychnine, atropine, whisky, and camphorated oil, hypodermically, with hot water bags and the use of hot saline solution by the bowel, the patient will rapidly react. Routine use of oxygen has lessened the number of cases suffering from ether sickness (nausea)—paresis due to mild peritonitis, simple atony of the bowel or to the use of morphine which should not be given for post-operative pain." Again: "That the giving of morphine after abdominal operations is responsible for a mortality, we have no doubt."

A non-committal attitude is shown by Skene Keith: Some surgeons have been in the habit of giving a dose of opium, in some form or other, at stated times and in every case; others have limited its use to cases of distension, or so-called peritonitis. Naturally, a routine practice of this kind has not proved suitable in every case; and now the tendency is to use this drug rather too little than too much. This is perhaps as great a mistake to use too little as it is to give too often, and especially in too large doses. There is no one drug which is of greater service when given in suitable cases and with a distinct object in view; and none is capable of doing greater harm when used in a haphazard way."

H. A. Haubold says: "The administration of opiates may be stated as objectionable in principle, but necessary in a certain number of cases. The objections are that they paralyze peristalsis, which favors the formation of adhesions, they lessen secretions and excretions, of which the latter is the most important factor, and that they mask symptoms which are indicative of complications. On the other hand, arrest of peristalsis is not objectionable for twenty-four hours after invasion of the lumen of the digestive tract. Again, pain which is sufficiently severe to cause restlessness is best controlled, even if the objectionable features of the opiates have to be taken into account."

One generally recognized authority expresses his

opinion particularly with clearness. Moynihan says: "The administration of morphine after an operation is rarely necessary nowadays. More especially since the introduction of Crile's method (anoci-association). In some cases, however, especially, for example, in secondary gall-bladder cases, some relief from post-operative pain may be urgently requested. I never withhold morphine if the patient is suffering. In the old days we were all afraid of morphine, and surgery was often cruel. An injection of 1/6 or 1/4 grain of morphine on the night after the operation will give a peaceful night and the patient wakes refreshed and cheered by the repose he has had. I do not think that this amount of the drug causes any flatulent distension of the intestines; indeed, I think by relaxing a spasm of the bowel, it may aid in the expulsion of gas. It was the repeated administration of opium and morphine in the olden days that led to these drugs being discredited. Today we use them sparingly; but to the great advantage of our patients."

We have yet to hear the opinion of another generally recognized authority, Howard A. Kelly: "If the patient is tired and restless, a tepid sponge bath followed by gentle rubbing and a cup of hot chicken broth or beef tea will often take the place of a narcotic. If there is much pain after the operation, a hypodermic injection of 1/8 or 1/4 grain of morphine may be given when consciousness has fully returned, and the dose should be repeated if sleep during the first night cannot be secured without it. Milder sedatives are useless, but the morphine must not be continued longer than thirty-six to forty-eight hours. Morphine must be used with greater caution when the woman is hysterical. Indeed, it is often better to allow a hysterical woman to suffer than to use it at all. I know that the medical profession is divided on the question of using morphine after abdominal operations, some able physicians objecting strongly to its use, while not a few surgeons still venture to assert its necessity. I have no hesitation in declaring myself emphatically in favor of hypodermics of morphine during the first twenty-four hours in all cases of severe suffering, under the limitation I have just indicated."

In Kelly and Noble's Gynecology and Abdominal Surgery we read under the treatment of shock, chapter by Brown Miller: "Morphine in repeated small hypodermic injections (grain 1/8 to 1/6) is one of the best remedies we have, especially where restlessness is present."

We have seen that, although most authorities mention that morphine is at present not in such general use as was customary years ago, they are not entirely opposed to it in principle and appreciate the usefulness of it when needed.

H. J. Boldt is of the opinion: "In many instances one dose of morphine is administered soon after the operation, because it is but seldom that a patient does not complain of sufficient pain to make such treatment not only humane, but beneficial to the patient, acting far better on the heart than, under some circumstances, strychnine. I believe that strychnine is used far too extensively and indiscriminately, whereas the administration of a dose of morphine after an operation is too much dreaded by many."

Von Mikulicz says: "In case of vomiting, one had better give nothing at all; eventually hypodermically morphine 0.01-0.02 g; sometimes swallowing of pellets of ice giving relief, etc." . . . "If a remedy for pains is indicated, morphine should be given subcutaneously. Morphine given in reasonable doses does surely not harm the laparotomy patient; we are even, compared with our experience of former times, when less strict asepsis was practiced, under the impression that morphine supports the organism in overcoming a septic infection." There is much to be said in favor of morphine after any kind of and particularly an abdominal operation. "No remedy is more apt than morphine to support the organism in its final, most vehement struggle for restitution of the disturbed equilibrium" is the gist of what Prof. O. Rosenbach of Berlin says. "In small doses it can—at least as efficiently as atropine—excite peristalsis, which must be taken as a sign of recuperation of tissue tone. With correct indications and precise dosage, it is the best tonic, the most excellent means for 'reestablishment of essention work to energize the inner tone of the tissues.'"

Rosenbach says again: "We recommend morphine in the therapy of heart disease because of its effect being in many respects similar to that of digitalis; both remedies act, properly used, as tonics. Narcotics, the importance of which in cardiotherapy we estimate very highly, decrease excitability of the nervous system, without diminishing the local parenchymatous metabolism."

The value of morphine for the promotion of a patient's recovery after operation is at once evident when we consider how promptly it removes causes of sleeplessness: in the first place, pain; then excitement, worry, and all kinds of torturing sensations. It is also important to remember that sleep is essential not only as a saving factor, preserving energy, but chiefly as a producer of a period of rebuilding energy. While ordinary somnifera or sedatives merely decrease the excitability of the cerebral cortex, narcotics have the additional advantage of energizing the tissue cells for the purpose of carrying on protoplasmic reconstruction. Thus morphine is of direct assistance in the healing processes after abdominal operations, as a dynamic builder of internal energy which increases tissue tonus.

Morphine has the same properties as opium, but with less tendency to constipation. It is known as the remedy of greatest value in the treatment of peritonitis and other abdominal inflammation. To relieve the patient of pain and afford sleep after an operation, to support the organism in overcoming shock—those are the well-known qualities which have established morphine in its time-honored office which hardly any other remedy will dispute to it.

The time of absorption from an empty stomach is fifteen to twenty minutes, while its full effect is reached not before an hour. By rectum, one must allow from one and one-half to twice as long, and it requires about one-third larger doses for the same results. By hypodermic injection, the first effects are felt in from three to five minutes, the full effect

in from fifteen to thirty minutes. Morphine is eliminated in the urine. As it is excreted into the stomach, it may be reabsorbed from the lymph ducts, whereby its cumulative action is explained. Some is excreted by the liver and appears in the bile, a small portion in the perspiration.

Henry Smith of Armritsar, India, who has carefully watched the post-operative care of his cases, is an enthusiastic believer in the efficiency of opium; so much so that it is a routine treatment in his practice. He gives the tincture of opium hypodermically in comparatively large doses, preferring it to the alkaloids.

Being impressed with the great number of cases covering many years of practice during which opium had been used, I decided to try his method of treatment. My practice in the past was to give heroin or morphine when necessary to control pain; this meant when everything else had been tried first, and then only as a last resort, feeling that we were licked when we did prescribe it; that pain so severe as to demand the use of morphine should mark the uneventful recovery of the patient. This hypothesis was all wrong.

Before operation, the standing order in all hospitals is to give morphine; upon this we are agreed. During operation the patient is completely under the anesthetic, and we can assure him that he will not suffer. But what can we offer him for the next three or four days. Will surgery be robbed of its terrors while patients continue to suffer the distressing symptoms following operation? Can this be overcome? Is there any objection to the use of opium? How shall it be used?

In practically every laparotomy peristalsis is suspended for several hours, and sometimes many days, dependent upon the magnitude of the operation, time consumed, manipulation of the viscera, particularly in operations for fecal fistula, ruptured appendix, pelvic peritonitis, ruptured viscus, operations for traumatic injury of the intestine, anastomosis, etc.

We must expect a considerable amount of pain before the resumption of peristalsis. When peristalsis begins it starts locally and is signaled by pain. This collicy pain is the contraction of the circular muscular fibers of the intestine at one or more points, and produces at the particular point a temporary partial obstruction of the canal. There is no uniform peristaltic wave downward, but the wave is obstructed and we have reverse peristalsis, which means vomiting. This must be prevented and can be prevented by the use of opiates. One dose will relieve the spasm, but another dose must be given in four hours to prevent its return.

Following the severer types of laparotomies I have mentioned, I begin four hours after operation with a hypodermic of pantopon, tincture of opium, or morphine, and repeat the dose every four hours as a standing order. This is kept up from twenty-four hours to four days. A peculiar thing about the regular use of opium is that invariabily the patient begs to have it discontinued, usually objecting to the prick of the needle, and once discontinued never asks for it again; in fact, I do not advise allowing the patients to know what they are taking. The mention of opium subconsciously brings to mind the dread of habit-formation. If there is any possibility of acquiring the habit, it will be by giving the patient a demonstration of the properties of the drug. This can best be illustrated by giving a general anesthetic to a woman in labor. At first she objects to the administration of ether, even after suffering great pain; but one demonstration of the happy relief of suffering and you have a woman whose whole mind for the time is concentrated upon the ether-cone. Her cry is, "Give me some more." So with morphine.

Peristalsis will come when it will come, and purgatives given too early will not start it, but only cause more vomiting, pain, and suffering.

My personal experience of fifty cases of the severer types of laparotomies, consisting of operation for fecal fistulae, ruptured appendix, pelvic abscess, anastomosis of intestine, resection of cecum, large ventral hernia, pyloric resection, hysterectomy, etc., may be summed up briefly: In 30 per cent of the cases the bowels moved with expulsion of gas, without a physic on or before the third day; 22 per cent had some nausea after the first day. All patients had little difficulty lying on the side.

None of the cases had pain or hiccough. Not one case asked for an injection after the injections were ordered stopped. Fifty-four per cent requested that the injections be discontinued, objecting to the injection. Nearly all the cases did not know what they were getting and, feeling fairly comfortable, did not see why they should be disturbed by being pricked with a needle. Unfortunately, I did not keep a record of the percentage of cases that had to be catheterized, but feel sure that they were less than when an opiate is not given regularly. All the patients enjoyed more sleep.

The two essential requisites for a surgeon are reverence for human life and sympathy for human suffering. To say intuitively that every doctor is conscientiously striving day and night to give unselfishly the best there is in him to prolong the life of his fellow-man is obvious. But a sympathy for human suffering must be expressed, as far as the patient is concerned, in a material way when it comes to pain. Obstetricians have robbed nature of the pangs of pain. Will the surgeon, after the peaceful sleep of the operation, try to alleviate the agony of pain and train of depressing symptoms of a post-operative period? When this has been accomplished, surgery will have attained a plane far beyond the reach of its critics.

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DISCUSSION

Burt S. Stevens, (909 Hyde Street, San Francisco) —I have employed morphine more or less routinely in such a large number of post-operative cases and over a period of so many years that I feel no hesitancy in agreeing with what Collins has to say. My practice, while differing slightly in minor details, practically corresponds to that of Collins, and my reasons for using it are also essentially the same.

When not contra-indicated—and I believe that it rarely is—I modify the dose according to the age and weight of the patient, but in the average adult I give morphine ¼ grain hypodermically, and my routine instruction to the nurse is "keep the patient comfortable." This ordinarily means to give the narcotic

every four hours until the acute pain and restlessness have disappeared, and seldom is it necessary to continue with the drug for more than twenty-four to thirty-six hours. It is a decided advantage to give a large enough dose to accomplish the desired effect early and to continue until such time as the patient is practically free from pain, at which time it may be abruptly withdrawn. If a patient is placed at rest mentally and pain abolished, a speedy convalescence is much more likely. Small nagging doses of the drug frequently stimulate rather than quiet and do not accomplish the desired result; consequently, one should use sufficiently large doses for the required time and then stop.

I am convinced that the intelligent use of morphine does not provoke complications; that the patient makes a much more comfortable and satisfactory convalescence; that when used as Collins has suggested there is no danger of the habit being formed, and that its use is a sensible and humane procedure.

W. Harriman Jones (131 Pine Avenue, Long Beach)—"Systematic Use of Opium Following Laparotomies" seems to imply a routine being carried out in every case, which to me seems unwise. No matter if an opiate is used following every laparotomy it should be specifically prescribed as to quantity, form, and time in each individual case after a careful consideration of the needs of that case. In my own practice I practically always give an opiate preceding operation, which in many instances is all that is required if the operation is short and the temperament of the patient permits, and rarely are more than one or two hypos necessary after operation. If pain is great enough to produce restlessness and insomnia, particularly the first post-operative night, I believe less damage is done and convalescence hastened by a reasonable use of opiates. Collins' observations on the humanity of surgery deserve consideration, and the observant, conscientious surgeon will not need to fear the reasonable use of opiates post-operatively.

H. A. L. Ryfkogel (516 Sutter Street, San Francisco)—The paper of Collins discusses a subject that greatly interests surgeons. Morphine after operations not only relieves pain, but gives the tissues the physiological rest that is so necessary to proper healing.

Patients following operations, even though in no great pain, often become very restless and any threshing about is very apt to put an undue burden on a heart already affected by disease and the strain of an anesthetic. It also tends to place undue friction and stress on recently sutured parts. Morphine, by quieting the patient, minimizes these dangers. The nervous exhaustion that follows operative procedures is largely due to the great pain suffered during and after operations. Crile has shown that pain is really felt by the cerebrum even though consciousness is abolished by a general anesthetic and degenerative changes take place in the central nervous cells as a result. Morphine should be given before an operation to lessen the amount of the general anesthetic, which also produces degeneration of the tissues, particularly those of the liver and brain.

During operations all tissues should be thoroughly blocked off from the cerebrum by an injection of local anesthetic. After the operation pain should be lessened as much as possible by safe doses of morphine. The question to be debated is "What is a safe dose of morphine?" The answer depends on the nature of the operation, the age of the patient, and his idiosyncrasy to this drug. It must be remembered that in those with the tendency to bronchitis that morphine lessens the desire to expectorate, and there is danger of the retained infected mucus producing a bronchial pneumonia. This should be controlled by deep breathing, by urging the patient to cough, by liquifying the sputum with stimulating expectorants, of which the best is probably camphorated oil in 2 cc. doses every two or three hours intramuscularly.

Doctor Collins—In closing the discussion I wish to emphasize a few facts. The action of morphine is well understood by all surgeons, possibly the best known of all drugs used in the last half-century.

It is just as important to relieve pain after an operation as during an operation. Ether, during an operation, should be used continuously and with the greatest care. Likewise I recommend the regular, continuous, or systematic use of opium (every four hours) from two to four days following certain laparotomies, with all the confidence of experience in this method of treatment, and have found no drug or method of treatment to take its place, and lastly, there is practically no contra-indication to its use.

THE CARE OF THE NEW-BORN BY THE OBSTETRICIAN *

A QUERY BY THE PEDIATRICIAN

By A. J. SCOTT, JR., M. D., Los Angeles

To ascertain the routine care of the newly born infant by the obstetrician and the hospitals in our community, a questionnaire was sent to forty-nine members of the Los Angeles Obstetrical Society and to eleven hospitals and maternity cottages of the city. Among the doctors thirty-three answered, and of the hospitals nine answered, no replies being received from the maternity cottages. The questionnaires to the doctors and the replies were as follows:

No. 1—What feeding hours do you prefer for the new-born, three or four hours?

Two hours (1); 3 hours (27); 4 hours (3).

Comment—The first 24 hours by most was given over to a 4 or 6-hour period. After the first 24 hours there was a preference for the 3-hour period, days, and 4 hours at night. Only 3 chose 4 hours all through the 24-hour period. This seems to show that most obstetricians feel that the 3-hour period, days, and 4 hours at night is productive of the best results, not only for the mother, but the child.

No. 2—Do you give a feeding between 10 p. m. and 6 a. m.?

Answers—Twenty-one feed about 2 a. m., 6 "if it is necessary," and 5 "not at all."

Comment—Is this merely a routine, or is it absolutely necessary for the welfare of the infant and mother? Does that disturbed 2 a. m. period interfere enough with the mother's rest to have any inhibitory effect on the milk production, or is it an aid? Does the infant need the extra food, especially if on the 3-hour day schedule? I think a great deal depends upon the individual infant as to whether it is gaining or not, and the general reaction on the mother's nervous system. If the infant is getting a 4-hour schedule day and night it might need the extra food, but I cannot see why it would otherwise.

No. 3—Do you give a laxative to new-borns routinely? If so, what kind? Why?

There were 27 who gave nothing, while 4 gave something, and the choice of laxatives ran as follows: A much-advertised patent medicine, castor oil and olive oil equal parts, milk of magnesia, enemas, and plain castor oil. As to why, the only answer

* Read before the Los Angeles Obstetrical Society, October 9, 1923.

given was by one who thinks "meconium causes colic." I would like to state that, from the number answering against the use, it would seem that there is no necessity, and as to meconium causing colic, this seems hardly logical, as most of the colic as such does not appear until the milk supply has come in the mother's breasts sufficiently to show up in the stools.

No. 4—What is your preference in the maternal diet until the milk comes in and while still in bed?

A variety of answers were given. The average replies were: Occasionally malted milk, but generally nothing for 12 hours, then liquids and semi-liquids.

Liquids exclusively (10); regular diet with plenty of liquids (6); no special diet (5); soft (6); very light (3). "Liquids predominate—no objection that I can see, but is it necessary to hasten milk secretion?" "After the milk comes in." Select diet (6); soft diet (6); regular diet (12). "Avoid corned beef and cabbage." "Not convinced milk is any more of a milk producer than an equal amount of other fluids." "No special diet except as indicated." "Watch for gas-producing foods like starches." This last seems to be in contra-distinction to what will be noted later on.

One man puts on a constipating diet for 5 to 6 days while there are stitches. Apparently, liberal feedings are most satisfactory.

No. 5—Do you put any restrictions on the kind of food mothers eat while nursing, viz.: avoidance of acid fruits or vegetables, etc.?

Yes (6), No (24), and the replies ran as follows: "Eliminate all heavy articles of food, highly seasoned, acid and gas-producing, as grapes, peaches, tomatoes, etc." "Certain vegetables, as cabbage; no restrictions on fruits." "Avoid certain vegetables and acid fruits." "If baby is cross and has colic, have them restrict acids." "Balanced ration. Avoid acids and highly flavored foods." "Not unless child becomes colicy." "Varies with mother and child." "Beans and onions are to be avoided." "Avoid strawberries and spices only."

This would seem to show there is no uniformity in the opinions of the different men. It would seem more logical to advise a regular diet such as the mother has been accustomed to prior to the birth of the infant. The numerous things advised against would leave a very limited supply to draw upon, and, in fact, do the opposite of what we are trying to prevent; namely, having a colicy baby. Too many of these mothers crave the very things they have been accustomed to and really need, particularly in the fruits and vegetables, and what agreed with them prior to the birth certainly ought to agree with them afterwards. Again, there is need of the coarse foods to aid in bowel evacuation, for there is the constipating effect of a too completely digested diet, with no residue. Again, acid foods are usually eliminated in entirely different forms than when ingested, and the acids are not passed through the milk. Of course, while still in bed a mother naturally does not need as much food for the first few days as when the infant is older, and when she begins to move around in bed more she requires more food.

No. 6—Do you advocate formula feedings for infants while the mother is still in bed? If so, what kind and how often?

There were, No. (21). "Yes, if necessary" (6), and "as complemental when needed" (6). The kind was either a milk and water modification or a dried milk preparation. To be commented on later.

No. 7—Do you find that formulae tend to get mothers away from breast-feedings inside of the first six weeks of the infant's life?

Yes (25). No (6). Never used (1).

This shows the opinion of the majority as to the pernicious effect of the easily flowing bottle, as compared to the harder work of suckling the maternal breast. It also shows that most of the men prefer to help the mother and keep the baby on the breast rather than to not bother and let the mother follow the advice of anyone and substitute some kind of an artificial feeding.

No. 8—Do you give the mothers a formula to take home from the hospital?

Yes (1). No (22). Only as aid (9).

Not advisable in the opinion of most.

No. 9—What is your favorite laxative for nursing mothers and why?

There were quite a number of ideas and drugs used. For example: Licorice powder (3); saline (1); agar agar (1); phenolphthalein (2); A. B. & P. pills (1); what accustomed to (1); liquid petroleum (5); milk magnesia (6); enemas routinely (1); cascara preparations (14); A. B. S. C. pills (1); castor oil if indicated (1); a patent medicine (1); a proprietary medicine (8).

All stated they wished to use something that would not affect the infant, and, as seen from the above, the mineral oil and agar preparations, as well as the cascara preparations, seem to be the most popular.

No. 10—When do you leave the baby's abdominal binder off?

Soon as possible after stump healed (10); end of first month (3); 6 to 8 weeks (9); 3 to 4 months (1); 6 months (4); 1 year (2); 2 years (2).

The majority favor early removal because there is no need for keeping the binder on after the cord has dropped off and the wound is dry. The binder will not prevent hernia of the umbilicus, and if it is on tightly enough to do any good it crowds the small abdominal contents and causes distress, not allowing expansion, and if loose enough it slides out of position and has no effect on the prevention of hernia. A good light-weight woolen knit band, which goes over the shoulders and has a tab fore and aft for the attachment of the diapers is sufficient to keep the little abdominal contents fully protected from chilling. This causes no pressure over the soft muscles, and allows of the free movement of the abdominal contents.

No. 11—Do you give any special treatment for icterus neonatorum? If so, what?

Yes (6). No (18). The treatments were: Calomel (9); castor oil (5); laxative if necessary (1); gray powder ¼ gr. twice daily (1); push fluids (6).

Icterus neonatorum is a physiological process and

needs no treatment, other than possibly giving water freely, but that is no more than what should be done in any case. True icterus is not a septic process, and if there is a septic temperature, it must be from some other cause. If there is a septic hepatitis it is not true icterus neonatorum, and calomel and castor oil are not indicated, as they may do more harm than good.

No. 12—What directions do you give mothers as to diet while nursing the infant, especially if the milk supply is scant?

This corresponds to what was answered in No. 4, and the replies were as follows: Good food (13); additional milk between meals (13); pump breasts after nursing (1); force liquids (12); force liquids with galactagogues (1); increase the starches and sugars (cereals, etc.) (15); placento-mammary extract (2); cod liver oil (1); remove cause, as worry, etc. (1); complemental feedings (1); fresh air and exercise (3).

It seems that some of the most important points have been overlooked, namely: the avoidance of worry, the need of plenty of fresh air and out-of-door exercise, and the emptying of the breasts completely at the end of the nursing period. All the complemental methods for producing increased milk supply fail if they are not attended to. The excess fluid is eliminated through the kidneys and bowels, the galactagogues are undoubtedly psychic, and as to the increase of the starches, the corn meal gruel, etc., it seems to me this fact is overlooked: breast milk is undoubtedly a secretion. It is made from the elements in the blood carried to the mammary glands, where it is manufactured. How, by increasing any one group or groups of foods, or the restricting of the use of certain foods or elements, are we going to affect the manufactured product? Toxic substances are, of course, not included. If the mother has a calm mind, avoiding worries and anxieties, good hours of rest, plenty of fresh air, sufficient exercise—but not to the point of exhaustion—plenty of cool, fresh water, good, wholesome food which she is accustomed to, and eats everything she ate prior to the birth of the child, plenty of fresh fruits and vegetables of all kinds for their essential elements—vitamins—and nurses regularly, there ought to be sufficient milk. The first 6 weeks of the infant's life is the hardest period for the mother. Then is when, if ever, she is likely to have the baby off the breast and on the bottle, and then is when she needs the wise counsel of her obstetrician as to what to eat and how to live. Too often the mothers get advice from the hospitals and nurses on leaving, and sometimes this is good and sometimes not so good, and for that reason the following questionnaire was sent to the hospitals:

HOSPITAL QUESTIONNAIRE

No. 1—What feeding schedule do you use for new-born infants, three or four hours?

Two and one-half hours (1); 3 hours (7); 4 hours (1).

The night feedings were every 4 hours. This corresponds to the doctors' replies.

No. 2—Do you use any laxative for the new-born routinely; if so, what and why?

No (9). Yes (2). On doctor's orders.

No. 3—What diet do you recommend mothers before the milk comes in, after the milk comes in, and while still in the hospital?

"Forty-eight hours liquid, next 24 hours soft, next 48 hours light, and then regular tray after fifth day." "General diet after 48 hours." "Soft, increase to regular" given by four with these modifications: "Avoid what does not agree with mothers." "Avoid meat." "Avoid rich or fried foods."

This shows some general trend in answers as the doctors' replies.

No. 4—Do you use bottle feedings as additional feeding routinely; if so, why?

No (6). Only as doctor orders (3). (Yes (1). "Only prematures receive breast milk formula, and all other infants under six pounds standard cows milk formula routinely. The gain is more uniform this way," reports one large institution.

No. 5—What kind of formula do you use as "stock formula" for new-born?

Cream and water mixtures (1); milk, water, and sugar (3); dried milk (2); doctor's orders (2).

"Usually enough pumped breast milk to supply all our needs," says one of the institutions. Why, in all of our hospitals which have large maternity services should it not be possible to have a supply of breast milk on hand? If our nurses were only trained to get all the excess milk, by stripping the breasts after baby has finished, by pumping where there is an excess amount, or by manual expression in place of pumping, a more rational and less painful measure in most instances, this would take care of those infants whose mothers have a scant supply, would care for prematures, and if there was sufficient, might even be supplied to outside cases who would pay the cost.

No. 6—Do you give mothers a formula to take home?

Answers were all against this practice unless the infant was on an exclusive formula feeding while in the hospital, excepting one charity institution, where feeding was under supervision of the district nurses.

No. 7—What kind?

All answered, "On doctor's orders."

No. 8—What directions as to future diet do you give mothers?

The general tone corresponds to the answers of the doctors' questionnaire. "Full diet." "General diet, large service cereal, one quart of milk daily." "Regular diet, avoid foods found to disagree." "Avoid acid foods. Drink plenty milk and cocoa." "Follow hospital diet." "Doctor's orders—usually liberal and full plus 2000 cc. milk daily." "No particular diet."

SUMMARY

1. Three-hour days and four-hour nights is average rule for feedings while in hospital.

2. A 2 a. m. feeding seems to be advisable in first few weeks of the infant's life.

3. Laxatives are not needed in the new-born.

4. Maternal diet until milk supply is established seems to be: soft with liquids and after milk established and while in bed, more liberal, varying with

the different men. All, however, warn against indigestible foods.

5. Most men put no restrictions on the nursing mother's diet, and this is only rational.

6. Formula feedings while in the hospital are not in favor with the majority.

7. Formulae tend to wean the baby from the mother's breast.

8. Taking formulae home from the hospital is not in favor.

9. Many different laxatives are used for mothers; all, however, with the idea of not upsetting the infant.

10. Most men leave the abdominal binder off before the end of two months; a few leave on unnecessarily long.

11. Icterus neonatorum is left alone by most all physicians.

12. For aid in stimulating scanty milk supply, there are many methods, showing that most obstetricians have their own viewpoints, and these are based more on dietetic than physiological grounds.

CONCLUSION

A little closer co-operation between obstetricians and pediatricians would work to the advantage of both for the best interest of mother and child. There are still a few old theories held which could be abandoned to the advantage of the infant. Dietetics should play a more important part in the curriculum of our medical schools, as well as schools of nursing, and more time should be spent on physiology of the mother and new-born, which would result in a better start in life for the infant.

1501 South Grand Avenue.

DISCUSSION

Frederic M. Loomis (350 Twenty-ninth Street, Oakland)—The "pernicious effect of the easily flowing bottle" does not compare, in my opinion, with the pernicious effect of a hungry baby honestly howling for food which he can't get from a mother's breast when the food isn't there. No young mother, especially with the first baby, can have a "calm mind, avoiding worries and anxieties" when her child is raising its voice to high Heaven. The sudden responsibility of finding herself in full charge of her baby very frequently disturbs the milk supply, which then "upsets" the baby, and in turn is doubly disturbing to the mother, with augmented protests from the child; and I think we should foresee this vicious circle before it occurs, and prepare our patients for it by teaching them while still in the hospital the principles of complemental feeding whenever there is any probability of the breast supply being inadequate; and we should understand that the inadequacy lies in the mother's nervous system rather than in her breasts very frequently.

The best antidote for an anxious and worried mother is a satisfied and sleeping child, and the best way to get it that I know is by the temporary use of complemental feeding, invariably using the breast, or both breasts, each time first with a definite time limit of twenty to twenty-five minutes for each nursing. I have been puzzled at the number of my babies, exclusively breast-fed, who failed to gain in the hospital, though apparently satisfied and quiet. Careful weighing, as a routine, of every baby before and after each nursing soon showed that most of these children, though apparently content, were getting a totally inadequate supply of food. Temporary complemental feeding, tiding them by their first few days at home, has solved their problem, and many have again become exclusively breast-fed, with proper gain in weight as the mother's life became more normal.

I believe, with Scott, in a four-hour schedule when the baby is above seven pounds and when that schedule is successful, but change back to three hours when necessary; in a general, complete diet for mothers without restrictions except as to foods which the mother knows from experience "disagree" with her; in the avoidance of the 2 a. m. nursing when possible—and it frequently is possible—even with the four-hour schedule; and in discarding the binder within a few days after birth. Scott's paper is useful and interesting, and should help to overcome the present wide divergence in our orders.

Langley Porter (380 Post Street, San Francisco)—Doctor Scott's interesting paper is a very definite contribution to pediatric knowledge. It emphasizes the entire lack of accepted principles, in dealing with the mothers of new-born babies.

The attitude of the obstetricians toward the diet for the nursing mother shows that many of the superstitions about foods current among the laity influence the medical profession, with a result that is certainly of no advantage to the nursing mother or to the baby.

The replies to questions about laxatives for nursing mothers, laxatives for infants, the use of the abdominal binder for the infant, and the matter of treating jaundice in the new-born, all show the same lack of uniform reasoning on the part of those replying to the questionnaire.

Scott's comments of these questions are shrewd, and should be very helpful in establishing a modern point of view and in bringing to obstetrical practice a greater rationality.

Especially interesting is his insistence that galactagogs are of very little value in the development of the milk flow, and that the most important influences are to be found in the proper management of the mother's environment, especially in the avoidance of worry, the provision of fresh air, outdoor exercise, and in the complete emptying of the breasts at regular intervals. (It may be that quite as important as any of these is the insistence that the baby shall not be allowed to nurse for a long time on breasts that are empty.)

One of Scott's most trenchant criticisms is directed against the failure on the part of the obstetrician to advise and direct the mother about the future care of the child, once the puerperium has passed.

In San Francisco, many of the obstetricians cooperate closely with pediatric specialists, several of whom have organized a service for following the infant's feeding from week to week throughout the first year. This sort of service is especially valuable to the young woman, a mother for the first time who, unfortunately, has never been taught anything about infants or about infant care. Under such a plan, skilled and friendly teachers are provided to lift the heavy burden and the terrible anxiety from the young girl who struggles ignorantly to do her best for her new-born child.

This paper of Scott's is as valuable a contribution as could possibly be made. I wish to congratulate him because he has recognized the necessity for gathering this data and because he has worked out the information in a simple and illuminating way.

G. C. H. McPheeters (Fresno)—Doctor Scott's paper upon "The Care of the New-born by the Obstetrician" is interesting to me especially, because in my particular local field I am called upon to practice both obstetrics and pediatrics.

The lack of uniform methods used by pediatricians and obstetricians in the care of the mother and her baby is well brought out by the answers which Scott received to his execllent questionnaire. This is not surprising, since obstetrics still is not considered seriously by a number of doctors, many of whom allow the nurse or attending relative to direct the care of the baby after its arrival, even to hours of nursing, bottle formulae whether needed or not, etc., etc. There are all gradations of services rendered by phy-

sicians attending obstetrical cases, from the meticulous care of the obstetrician who turns the baby over to the pediatrician at birth down to the doctor who makes none, one, or two perfunctory calls only upon the parturient mother and never looks at the baby at all. Scott has done us all a service by directing our thought along these lines.

In my practice I still adhere most commonly to the three-hour feeding schedule for breast babies during the day, and the 2 a. m. nursing until the baby is two or three months of age.

It is well for us to remember that the breast produces for the next feeding just the amount which was taken out at the last nursing. Therefore, emptying the breast after baby nurses, preferably by manual expression, is valuable in obtaining and keeping a uniform production adequate to the increasing demands of the infant. We try to have each mother do this as a routine procedure after each nursing.

Formulae should not be given for complemental feedings before the lying-in period is over, as many patients immediately improve in breast function after being up and about again. Formulae are certainly advisable in preference to undernourished babies, but the physician should be the only one permitted to advise the formulae.

Prenatal care will pay large dividends in better mothers and babies; especially will it increase the number of mothers that can nurse their babies. With this and other objects in view, we place in the hands of every mother carefully selected books on "Prenatal Care," "Infant Care," and "Child Care," together with other reliable information. This is much appreciated by every patient, particularly the young woman who expects her first baby. Even experienced mothers appreciate instructions as to the care of themselves and the baby. All physicians should teach their patients these better things, not merely limiting their obstetrical care to the narrow field of attendance at labor.

Doctor Scott (closing) — Discussions always bring up important features and emphasize them.

Loomis' comments are timely, but do not leave the complemental feedings to a nurse, unsupervised.

If necessary to give additional feedings, work out a satisfactory schedule, and when it is not needed discontinue it. Don't prescribe it and forget all about it.

Syphilitic Bursitis — John E. Lane, New Haven, Conn. (Journal A. M. A.), reports two cases. In one patient both knees were affected. The pertinent points in her history were: Her husband had syphilis seven years before. Five years before that she had an ulcerated throat, ulcerations on the arms, and headaches; two years later, she had ulcerations on the legs. The diagnosis was bilateral syphilitic prepatellar bursitis. Arsphenamin was given with some improvement at first, but later the slow healing justified the surgical advice of excision of the bursae. In the second case the right elbow was affected. The only thing in the patient's history or that of his family suggesting syphilis was the story of ulcerations. He had received a blow on the right elbow two years before. Within two or three days, a swelling began to appear on the elbow. In the course of the next few weeks it gradually grew larger until it was about half the size of an egg, when it broke through the skin and began to discharge. A diagnosis of bursitis had been made before it broke down. From that time on, other ulcerations appeared in the vicinity, some persisting for a long time, new ones appearing as some of the older ones slowly and spontaneously healed. The diagnosis was: gummatous syphilitic olecranon bursitis; multiple syphilitic gummas and fibroid subcutaneous syphilomas. The patient was placed on anti-syphilitic treatment, with immediate improvement, and the lesions were completely healed in about eight weeks.

NARCISSE JOSEPH MARTINACHE, A REMARKABLE OPHTHALMOLOGIST *

By DOUGLASS W. MONTGOMERY, M. D.,
San Francisco

Narcisse Joseph Martinache came to San Francisco, like many another, in hopes of acquiring a rapid fortune. Instead of this he lived a quiet, orderly life full of good works and kindnesses to those around him, and died leaving a good name and a modest competence.

It happened that I saw a good deal of him when I came to San Francisco in 1886. He was then over fifty years of age, and enjoyed a small but sufficient practice. He was not the kind of man to have a large one. In the first place, he was not a good propagandist; he was not at all showy and he loved to converse. It has been said that no man should be so addicted to work as to have no time to be polite, but it is remarkable how time flies during a friendly conversation. And in conversing with Marinache one picked up many things, for he was an excellent clinician, with the capacity both for seeing facts in their just proportion, and for applying the appropriate remedy. As far as seeing things was concerned, he had been trained in an excellent school, for the Parisian clinicians have always been noted for clarity of thought, the Latin lucidity joined with the tenacity of the Northern races. And as a school it is also noted for adhering to the definite study of the patient.

Before coming to San Francisco he had been chief of clinic for five years under De Wecker, probably the most famous oculist of his day, and collaborated with him on the Encyclopedia of Ophthalmology.

Martinache, however, was no mere hand workman striving to make his specialty a closed field. To illustrate: One day when coming down Mason street, between Post and Geary, I met Martinache. It is strange how an unimportant scene will fix itself in one's memory. I can recall his lineaments and figure distinctly as he came toward me. He was stockily built and rather slow and awkward-gaited; he could never have been a deft operator, although he was a careful one. He had a full beard and moustache, and he was dressed in black throughout—in a long black coat and a tall hat tipped a little back. He had a perfectly serene temper and a pleasant address devoid of self-consciousness or embarrassment, and he was very friendly. He gave the impression of solidity of character, worth and ability, but he was no Jupiter in the sense of being a cloud compeller.

He, of course, stopped to talk. I was then about twenty-eight years of age and he was over fifty. He spoke of the hypersensitiveness some people showed to the ingestion of certain foods, and more particularly of the case of a young girl who developed a pustular eruption from certain articles of diet. It was an instance of what we now recognize as anaphylaxis. I had recently returned from Europe, thoroughly imbued with the study of structural anatomy, and the then developing bacteriology, with

* Read before the Medical Society of the City and County of San Francisco, on the presentation by Dr. C. S. G. Nagel of a portrait of Dr. Martinache.

the attendant scholastic intolerance of any other branches of pathology.

As we parted my unexpressed opinion was that his observation had been incorrect, and that the patient's symptoms were due to some other cause, and not at all attributable to food. With this was probably associated the condescension of a young man towards any ideas of the elderly.

THE ACTUAL CAUTERY IN ULCER OF THE CORNEA

Martinache was the original discoverer of the use of the actual cautery in ulcer of the cornea. During his life his priority in this was disputed, in some instances acrimoniously, and very especially in medical literature by an oculist in Lyons, France. After three years this man acknowledged the priority of Martinache. Martinache would take any wire and heat it to a dull cherry-red in a spirit-lamp flame, and then draw it over the ulcer. Adolf Barkan tells me that for this purpose a strabismus hook is excellent, and, if heated to a cherry-red, the time consumed in carrying it from the flame to the patient's eye is just sufficient to allow the instrument to cool to the proper heat.

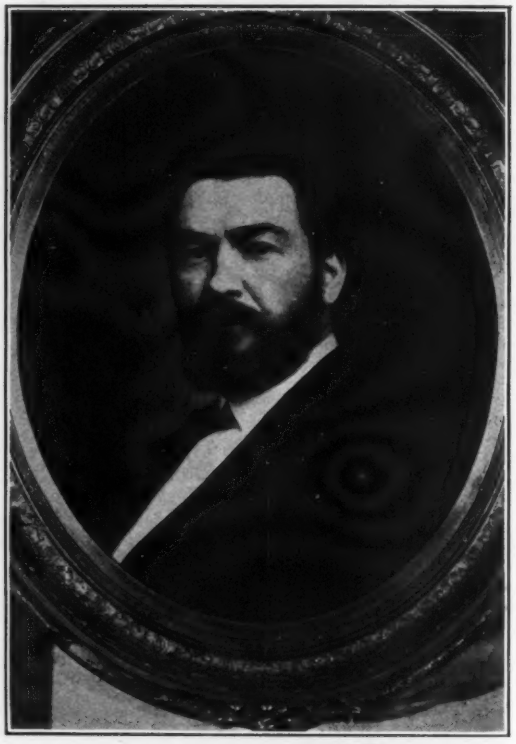
I have no doubt this discovery did Martinache a great deal of harm. Full use, to his detriment, was made by at least one of his confreres of this startling and apparently destructive procedure, and this unexpected result of a fine discovery is not without precedent in the history of medicine. It has its counterpart in the effect produced on the practice of Harvey on the announcement of the discovery of the circulation of the blood. Instead of increasing Harvey's reputation it caused a decided decrease in his practice, of which he bitterly complained.

Martinache was especially expert with the ophthalmoscope, and he had a notable case in the person of Hall McAllister. The great jurist had but one eye, which was beginning to give him trouble, presumably from its blemished brother. The findings of Martinache in this case secured a well-merited compliment from Knapp of New York, whom McAllister subsequently consulted.

In many ways Martinache had the art reduced almost to a science of impeding his material advantage. For instance, his office, 5 Kearny street, was reached by climbing two long flights of stairs, and the ceilings were high and the flights were long in those days, and there were no elevators. Mrs. Abbie Parrott, one of his most loyal patients, used to arrive panting, and would complain of his inaccessibility. "Why don't you get a more accessible office, doctor?" "Why should I, madam? You see, you come," was the Gallic response.

In the practice of his profession every medical man does his share toward helping his fellow-man as a matter of the day's work, never thinking of reward, and a strong, naturally benevolent nature with a well-trained mind, as in the case of Martinache, does more than his share. Some were grateful, others were thoughtless and a few were actively vindictive, as fearing a bill for the work done. The writer of one of the Gospels relates that Jesus cured ten lepers and one returned to thank him. In California 10 per cent is a rather high average of gratitude, even to the Deity, but it may have been different in Palestine.

But Martinache's beneficences did not end with his professional work. Louis Bazet relates that when he came to San Francisco he was urged to remain because it was a location particularly favorable for him, as knowing three languages—English, Spanish, and French. He sought Martinache's advice, who told him frankly that he would have a long pull for it. When the resolution was taken, however, Martinache wrote out a check at the end of each month covering the deficit. This help endured for one year, at the end of which time Bazet was on his feet. It is needless to relate that Bazet has always cherished the deepest gratitude for his benefactor and friend.



NARCISSE JOSEPH MARTINACHE

"Fortunatumque laborum egregiusque animi" (Both fortunate in labors and noble of soul). Virgil, Aen. XI, 416.

Martinache was born in 1833 in the town of Hornaig (Departement du Nord), France, in what was formerly the Province of Picardie. He died December 23, 1892, in San Francisco, Calif.

The circumstances of his death are interesting to medical men. For some time before his death he had premonitory twitchings of the muscles of the left side of his face, and he resigned his position as oculist and aurist to the French Hospital in favor of Kaspar Pischel. He had been twenty years connected with this institution.

On the date above mentioned, on coming out of

his room, he suddenly pitched forward and all was over.

The autopsy showed sclerosis of the basilar artery, with a large spindle-shaped aneurism below it. The sclerosed artery was perfectly white, very thick and fibrous, and the lumen most minute. Arteriosclerosis was one of the subjects in which he was most deeply interested.

So passed away one of the most gentle of men, to enter the vast bosom of Nature, whose moods and ways it had been his greatest pleasure to study and observe.

323 Geary Street.

CARBON DIOXIDE COMBINING POWER OF BLOOD PLASMA IN PULMONARY TUBERCULOSIS *

By FRANK PORTER MILLER, M. D., Los Angeles

We are somewhat indebted to the work of McCann and Barr for their recent investigations upon respiratory metabolism, but this study does not parallel, as their carbon dioxide estimations were made entirely in terms of expired air. It might be well to reiterate a few salient facts relative to respiratory metabolism, and thereby make the scheme of reasoning a little more comprehensive. We know that in cases of advanced pulmonary tuberculosis the total pulmonary ventilation is approximately twice that of normal controls. We also know that the percentage of carbon dioxide produced and oxygen absorbed, in terms of expired air, is much reduced as compared with the normal.

It has been suggested that the increase in pulmonary ventilation was due to a reduction in the vital capacity of the tuberculous individual, but I feel that this reasoning is partially faulty, as they have not taken into consideration the para-sympathetic reflex (vagus), and also the fact that carbon dioxide in solution acts as an acid, and its effect upon the respiratory center must be accounted for. Assuming that the decrease in vital capacity is productive of increased pulmonary ventilation, we should then recall the disparities existing in vital capacities, depending upon the age period, height, and weight. Vital capacity markedly decreases after the thirty-fifth year, but there is an increase of eight cubic inches of air for each additional inch between five and six feet in height.

The increase of pulmonary ventilation will lower the percentage of carbon dioxide eliminated per unit time, but the total amount is found to be higher in the tuberculous than in the non-tuberculous controls. The amount of carbon dioxide eliminated in cc. per minute time is approximately 14 per cent greater in advanced tuberculosis than in the non-tuberculous.

Basal metabolism in tuberculosis has also been studied by Barbour, as well as McCann and Barr. Their determinations were made when the diurnal range of temperature was at its lowest, and only those cases which were extremely quiet during the test were considered basal. Basal metabolism implies minimal metabolism, and this is what is sought. For each individual case the normal metabolism is the metabolism maintained during health, and the surface area in each case was determined from the height and weight, by the "height-weight" chart of Dubois & Dubois, or, in other words, the normal heat production per square meter of body surface was taken from these tables, and this takes into account the age. As the result of their work, they concluded that the basal metabolism in tuberculous patients may be normal or very slightly above that of normal men of the same size. Thus, in thirteen cases the variation was from a minus 3 to a plus 15 per cent.

Whitney has called attention to the very severe degrees of acidosis which may occur in the terminal stages of disease of whatever sort, often sufficient, apparently, to account for the death or to add seriously to the existing intoxication. Unfortunately, in the cases examined by him there were no typical cases of advanced pulmonary tuberculosis, but since anemia, terminal infections, and cardiac decompensation commonly exhibit marked terminal acidosis, it was to be expected that a final acidosis would exist in phthisis. The numerous studies on the subject of acidosis in various diseases also omit consideration of tuberculosis, except the inclusion of isolated cases which are of no significance.

Here it might be thought that, since carbon dioxide is a waste product of the oxidation process, the best possible condition would be its complete removal; but it has been clearly shown by Haldane that a definite minimal percentage of carbon dioxide is required for the regulation of the respiratory exchange; and that when the percentage is reduced by artificial ventilation, the subject passes into apnoea, or suspension of breathing, until the amount is brought back toward normal in the lungs and tissues. The normal amount of carbon dioxide in the alveolar spaces lies between 4 and 5 per cent, and, if it rises or falls but slightly from the normal, corresponding changes take place in the respiratory rhythm and depth, which tend to restore the balance once more. It has further been shown by Henderson that excessive and prolonged ventilation of the lungs by artificial means leads by lowering of the carbon dioxide concentration to irregularity of the heart beat, and finally, if pushed, to delirium cordis and death of the animal. Short of this limit, stoppage of the positive ventilation has the effect of restoring the heart to regular rhythm. Passing in the opposite direction, and observing the effects of increasing amounts of carbon dioxide, administered in artificial mixtures containing as high, or higher, amounts of oxygen as are present in atmospheric air so as to avoid asphyxiation from deficiency of oxygen, it is found that carbon dioxide has directly poisonous effects upon the bioplasm. Thus with 12 to 15 per cent of carbon dioxide and 20 to 25 per cent of oxygen, it is found that animals become somnolent, the urine will contain glucose, while with 20 to 25 per cent of carbon dioxide, even in presence of excess of oxygen, death rapidly occurs. The same effects are seen upon isolated tissues. Thus Waller has shown that the first effect of minimal traces of carbon dioxide is to increase the excitability of

* Read before the Sixty-ninth Regular Semi-annual Convention of the Southern California Medical Society, held in Los Angeles, Calif., November 3, 1923.

nerves, while larger doses diminish excitability, and finally all excitability disappears. Similar results have also been found in unicellular organisms.

Our interest was first aroused in the carbon dioxide determinations, because of the paucity of the literature and also the diversity of opinion as regards acidosis in this particular disease. In discussing this phase of tuberculosis, a number of us have been offenders, and have discussed this from the positive phase alone, making our deductions largely from clinical observation and have not sought confirmation through the most approved laboratory methods.

In this series of cases which we examined, we grouped them into five classes, all being placed upon a fifteen-hour fast.

1. Far advanced fibro-ulcerative-caseous type of tuberculosis with excavation. A number of this class were of the acute pneumonic type with a diurnal variation of temperature from 97.6 degrees to 103 degrees. All of this first group were confined strictly to bed, and the only exercise permissible was toilet exercise. By minimizing all forms of physical exertion, we lessen the carbonic and lactic acids; also the metabolites which escape into the blood stream during exercise.

2. Moderately advanced type. A few in this group were up as much as three hours per day, but the remaining portion of the time was spent strictly in bed. Many of these had temperature.

3. Early cases. This group was also confined to bed.

4. Ambulatory type. In this group we included one of each of the above types. At this time we became curious to ascertain the carbon dioxide findings under working conditions, so the ambulant cases were allowed their regular breakfast, and the blood withdrawn three and one-half hours after ingestion of food. We might add that these cases were ambulatory through sheer lack of finance and this was not the treatment of predilection, but was their only alternative. Seven days following the test they were placed upon the usual fifteen-hour fast and a recheck made.

5. This included a series of three normals (nurses) all upon exercise, with the usual fast.

The method of Van Slyke was used in our determinations, and we followed the precautions outlined by him. Ten cc. of blood was withdrawn from the median vein at the elbow, placed in a centrifuge tube containing potassium oxalate and covered with liquid petrolatum. The blood was then centrifuged, and the carbon dioxide combining power of blood plasma was estimated in from three to six hours. Before each individual determination was made, the apparatus was washed with a solution of ammonium hydroxide which contained barium hydroxide, as this will absorb any excess of carbon dioxide. Furthermore, a few drops of a solution of phenothalein was added so as to prove our alkalinity. We attempted to be very meticulous in the whole procedure, and attention to detail made it a time-consuming process.

Forty-one determinations were made upon thirty-six different individuals. Thirty-three of these were patients and three were nurses, which were used as controls.

In the far advanced cases, eighteen determinations were made, with an average carbon dioxide range of 61.3. Moderately advanced group with thirteen cases showed a general average of 64.4. Early cases, of which there were four, produced an average of 57.6. Ambulatory cases, of which there were four, showed 63.4 as an average. Our average for controls was 66.3 or very slightly above the determinations made for patients. The carbon dioxide findings and their relation to temperature of 100 degrees Fahrenheit, or above, for six cases produced an average of 63.5. In twenty-six cases below 100 degrees Fahrenheit, the average was 61.7. In the ambulatory cases, no appreciable difference was noted in the finding, with the usual breakfast or upon the fast.

From the foregoing results of our study, no depletion of the blood alkali was evident, and we failed to find any evidence of acidosis, even in those cases fast approaching exitus. Two of our cases were examined fourteen to eighteen days prior to death, and in each case the determinations did not even approach the lower limits of normal. In all these cases the urine was examined for total acidity, and there was usually an increase of 50 to 100 per cent above normal. Of course, an acid urine does not imply an acidosis. We also examined for urochromogen and diazo substances, and the continued presence of these usually bespoke a bad prognosis. When an acute infection of any nature is superimposed upon these cases, the urochromogen and diazo substances would appear, but only during the course of infection.

Even though we failed to find an increase of acid radicles in the blood stream, the increased acidity of the urine, plus a 14 per cent increase of carbon dioxide in expired air, makes us again plead for use of alkalies in the treatment. The introduction of alkali facilitates the interchange of gases, by giving to the blood an excess of buffer substances, and our clinical experience certainly justifies its continuance.

A study of the gaseous exchange, which is of such vital importance to cellular life, will illustrate this point. We find the blood corpuscles contain carbon dioxide and carbonic acid in solution, as phosphates, carbonates, or bicarbonates of sodium or potassium, or as methemoglobin, and convey these substances to the excretory organs of the body. Remembering the diffusibility of gases, and since the tension of oxygen in air is greater than that of blood, and the tension of the carbon dioxide in blood is higher than the outside air, the exchange can readily take place. Naturally, the oxygen of the air passes through the lungs into the hemoglobin, in exchange for carbon dioxide and carbonic acid. When this occurs, the alkalies are liberated into the blood and again assume the function of combining with carbonic acid affinities. By the introduction of "buffer substances," through the means of alkalies, we prevent even a moderate depletion.

Shortly after we began this study, Hachen published his results upon alkali reserve, and I am happy to state that our results coincide, especially upon the essentials, though differing somewhat in detail. His cases were selected from a series of 213 patients, showing every type of lesion, with the far-advanced type predominating. He found a moderate depletion in the blood alkali in advanced cases, if there was an accentuation of the process. He also thought

there was a drop in alkali reserve a few days preceding death, and also those cases with a temperature above 100 degrees Fahrenheit showed a slight decrease. He concluded that there was a moderate depletion of alkali in the blood, but at no time approaching an acidosis. In our own determinations we failed to note a diminution in alkali reserve in cases with temperature; those approaching death; or in advanced cases with increased activity. The discrepancy in results may have been due to the fact that he failed to "fast" his patients, or if they were placed upon the fast, no mention was made of same.

One of the outstanding features of this study is the ability of the body to maintain its equilibrium, even though the mechanism is impaired through the dissolution which is in progress. It is well to recall the delicate and lightly balanced labile equilibrium existing between the colloids of the cell protoplasm and the osmotic pressures of the inorganic ions and other crystalloid constituents. Because of the loose union which binds the various constituents of the bioplasm, a change in the osmotic pressure will cause a dropping of one of the components, and it is this component which is most needed to aid in the compensation process. The process of compensation is also aided by the longevity of the disease, which allows the adjustment. I wish to state, in closing, that this work was made possible through the splendid co-operation and many helpful suggestions of M. C. Terry.

CHART I

Carbon Dioxide Determinations in Forty-one Cases

Clinical condition	1	2	3	4	5
Number of determinations	18	13	4	4	3
Carbon dioxide range	49.6-68.1	57.8-73.8	53.3-63.6	59.7-69	61.6-69
Average	61.3	64.4	57.6	63.4	66.3

Normal findings, 53-78 mg. per 100 cc. of blood plasma.

CHART II

Carbon Dioxide Findings and Its Relation to Temperature

	100° F. or more	Below 100° F.
Number of determinations	6	26
Carbon dioxide range	57.9-67.3	49.6-73.8
Carbon dioxide average	63.5	61.7

CHART III

	1	2	3	4
Amb. cases with breakfast	63.4	68.2	57.8	59.8
Amb. cases upon fast	61.6	69.0	63.4	59.7

Title Insurance Building.

DISCUSSION

P. J. Hanzlik and F. De Eds (Stanford Medical School, San Francisco) — The discussion of Miller's paper requested of us by the editor, we desire to limit to the feature of alkali therapy. After making determinations of the carbon dioxide combining power of blood plasma in cases of pulmonary tuberculosis, Miller concludes that no depletion of the blood alkali was evident and that there was failure to find any evidence of acidosis. However, inspection of his data on the carbon dioxide combining power of the plasma indicates a deviation from the normal values in the direction of acidity. It is our opinion that these deviations are of sufficient magnitude to indicate a definite tendency to acidosis, and if electrometric or colorimetric measurement of the pH of the blood had been made at the same time, a shift toward acidity might have confirmed this tendency.

The paper points out further that an increase in acidity of 50 to 100 per cent occurred in the urine, but fails to attach importance to this observation. Contrary to the author's conclusion, the urinary changes, we believe, harmonize with the data on blood, and indicate a depletion of alkali in the body and a tendency toward acidosis.

The statement is made that no increase of acid radicles was found in the blood stream, but it is not clear whether or not this refers to an absence of lactic acid and acid phosphate. These acids may be increased when the CO_2 is decreased. It cannot be said definitely whether the tendency to acidosis indicated by the blood data is of sufficient magnitude to be of pathological importance, since the problem of small deviations from normal is just being investigated and their significance is not fully understood, but it is likely that they have a greater meaning than has been heretofore attached to them, especially when it is borne in mind that small differences in the negative exponential values used for expressing pH really mean large differences in hydrogen ion concentration.

With respect to the information concerning the manner in which the blood corpuscles carry carbon dioxide, we disagree with the author's statement that blood corpuscles carry the carbon dioxide as phosphates or as methemoglobin. This is not in accordance with the teachings of physiology. We also disagree with the author's opinion regarding the ability of the body to maintain its neutrality equilibrium. In our opinion, the limits within which equilibrium is maintained are not so narrow as has been believed to be the case. This opinion is sustained by results that have been obtained in our laboratory in experiments on the effects of intravenous injections of various agents on the composition of blood of dogs, by the results of Barr of New York on patients, and of Miss Denis of New Orleans on animals.

In conclusion, we would say that Miller's work points to a moderate though definite tendency toward acidosis in the blood stream, and that there is, therefore, a rational basis for the administration of alkali; but the ultimate beneficial effects, if any, of such therapy in the treatment of a condition like tuberculosis may only be conjectured. Presumably, the treatment is intended to give temporary and symptomatic relief.

F. M. Pottenger (Monrovia) — I have been using alkalies in the treatment of active advanced tuberculosis for several years. Miller has also been carrying out the same principle in his own practice. It was the favorable clinical effects which we had noticed in active tuberculosis that suggested the laboratory research here reported, so the conclusions which Miller drew from his laboratory investigation came as a great surprise to us.

For several years we have been using bicarbonate of soda for the relief of such symptoms as nervousness, insomnia, digestive disturbance, loss of appetite, malaise and general weakness, as found in a large proportion of cases of advanced active tuberculosis. A certain amount of relief, varying in different patients, has almost invariably occurred. If there is no acidosis, as is suggested by the interpretation of the laboratory experiments conducted by Miller, it certainly is due to the marked compensatory powers possessed by the physiologic mechanism of the body. The fact that there was no increase in the CO_2 of the blood, as shown by the experiments, was very much opposed to what was anticipated when the experiments were started. The increase in the output of acids in the urine was the same as we had observed previously. Even though no acidosis is shown by Miller's experiments, this increase in the urinary acid output of itself is evidence that there is an enormous increase in the production of acids in the body. From this it seems rational to conclude that there must be a marked drawing upon the alkali reserve of the body.

This paper supports a rule which should always be found in medicine, and that is, where laboratory opinion differs from clinical experience it is better to follow clinical experience.

Doctor Miller (closing) — Considering the present state of our knowledge in regard to blood chemistry, I made the only plausible deduction that I thought the findings would justify. I must admit that the absence of acidosis in far-advanced tuberculosis came as a distinct surprise. I am in hopes, as we delve further into this subject, that a deviation toward the side of acidity may later be interpreted as an acidosis, and confirm the suspicions of Hanzlik.

BONE TUMORS

By HENRY SNURE, M. D., Los Angeles

From time to time we have cases of bone tumor referred to us with a diagnosis of rheumatism or neuritis. As this seems to be a common error, it might be well to briefly consider the x-ray diagnosis of these tumors.

The best method of study, and the one most widely adopted, seems to be that of Baetger and Waters. They classify tumors according to four cardinal points and several laws of probabilities. The four cardinal points are: Origin of tumor; the presence or absence of bone production; the condition of the cortex of the bone; invasion. The law of probabilities relates to sex, age, and the particular bone involved. It is not necessary to answer all these points. To make a diagnosis only two points are often sufficient.

In regard to the first point, that of origin: By origin is meant whether the tumor arises in the medullary canal or in the cortex. All tumors of bone are either primary or metastatic; therefore, if we can prove that a tumor arises in the cortex we can rule out carcinoma, as there are no epithelial cells normally in bone tissue, and such cells must gain admission through the nutrient artery or the accompanying lymph vessels. Sarcoma being of connective tissue, origin can be either primary or metastatic. Enchondroma and cysts are medullary in origin, but have other diagnostic points. We now consider the second cardinal point, that of bone formation. If we can prove that bone is being produced, we can immediately rule out carcinoma, round cell, spindle cell, and giant cell sarcoma, as these tumors are not bone producers, and this in turn limits us to the bone producers, namely, osteoma, osteochondroma, periosteal sarcoma, osteosarcoma, and ossifying hematoma. Traumatic and progressive myositis ossificans can also be mentioned here. Next we consider the third point concerning the condition of the cortex. We determine whether the cortex is present or absent, and if present if it is expanded in a spherical or longitudinal manner.

Malignant tumors grow in a spherical shape and sweep through the cortex so rapidly that it is destroyed, or if a small bit remains it is not expanded. There is one exception to this rule and that is, the giant cell sarcoma, which grows in a spherical manner, but does not destroy the cortex, only thinning it out, and is definitely limited to the medullary canal. The cells are so large it cannot metastasize. The benign tumors follow the path of least resistance and extend up and down the medullary canal and slowly expand it in a spindle-shaped manner, the cortex being pushed out and thinned. We must also determine whether the tumor springs from the cortex or the periosteum; from either the character of the bone production must be noted. As a general rule, in benign conditions, the bone is laid down parallel to the shaft and in malignant conditions perpendicular to the shaft. The fourth cardinal point is that of invasion; if this can be demonstrated, it means malignancy and is usually all the clinician or surgeon wants to know.

If there has been surgical intervention before making the x-ray film, it is often impossible to make a diagnosis. By the law of probabilities is meant what is most frequently found when the age and sex of the patient are taken into consideration with the particular bone involved. Statistics show us that carcinoma of the breast and pelvic organs are most common in the female and those of breast origin metastasize in the following order of frequency: First the ribs, then dorsal spine, lumbar spine, ilia, femur, especially the greater trochanter, skull and humerus. Rarely does it metastasize below the knee or elbow. Tumors of the pelvic organs usually metastasize to the lumbar spine. In the male the most common tumors are those of the tongue and lip and of the genito-urinary organs. Those arising in the tongue and lip extend directly to the mandible, if at all. Those of the genito-urinary tract, particularly of prostatic origin, cause metastasis in the lumbar spine and the pelvic bones. In regard to age, under thirty years most likely to be sarcoma; above thirty, either sarcoma or carcinoma. The particular bone involved does not help much in sarcoma, as it may be either primary or metastatic. However, sarcomas are commonly found at the end of the bones and carcinomas in the middle of the shaft.

The chief point to bear in mind is, not to make a diagnosis because the film resembles one you have seen before, but to work it out along the definite lines of known x-ray pathology.

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DISCUSSION

James B. Bullitt (San Jose)—The statement by Snure that "if we can prove that bone is being produced we can immediately rule out carcinoma, round cell, spindle cell and giant cell sarcoma, as these tumors are not bone producers," is correct insofar as round cell tumors are concerned, as all round cell growths of bone have origin from bone-marrow cells, and should be sharply separated from tumors arising from bone cells. On the other hand, spindle cell tumors are the usual form of periosteal growths, which, as the author states, are typical bone producers.

In regard to bone production, as the author states, in benign conditions the new bone is laid parallel to the shaft, and in malignant conditions (notably periosteal sarcoma) perpendicular to the shaft. To this statement should be added the single exception that in syphilitic periostitis the new bone is frequently laid down at right angles to the cortex, the strands interlacing at their extremities to form a lacework pattern, this interlacing giving the clue to the differentiation from periosteal sarcoma.

In regard to osteosarcoma being a bone producer: In the more malignant rapidly growing type there may be little new bone formation, but rapid destruction of shaft, while in the slow-growing types there may be massive production of bone and much less destruction of shaft (ossifying sarcoma).

The discussion of bone tumors should embrace a few emphatic words as to the importance of differentiating the benign bone cysts from the malignant growths. There is good reason to believe that many limbs have been needlessly sacrificed because of failure to make this differentiation. In this connection it is interesting to note that review of cases of cure of sarcoma by amputation by Bloodgood has brought forth the conclusion that some of these cases, probably many, were not sarcoma at all, but unhealed bone cysts mistakenly diagnosed sarcoma.

The great majority of bone cysts, or osteitis fibrosa, give evidence of their presence before eigh-

teen years of age, usually earlier, by localized swelling, pain or limp, sometimes by pathological fracture as the first symptom. Bone cysts untreated may reach huge dimensions.

Bloodgood is of the opinion that in central lesions of the bone in which the bony shell is intact and in which there may or may not be recent fracture, the differential diagnosis between the various possible central pathological lesions cannot be made by the x-ray alone. Several points, however, will help in making the differentiation. If the expanded cortex has been broken through, central sarcoma is to be considered. If the epiphysis is involved, giant cell sarcoma is probable, pathological fracture being rare; or epiphysial involvement may mean sarcoma. New periosteal bone would indicate osteomyelitis or periosteal sarcoma. In central giant cell tumor, sarcoma, chondroma, myxoma, and in the bone cyst, there is never evidence in the x-ray of new periosteal bone.

Chondroma and myxoma cannot be recognized by the x-ray alone, and from these the greatest difficulty will be had in differentiating bone cyst.

W. Edward Chamberlain (Stanford University Hospital, San Francisco)—Doctor Snure states that if we can prove that bone is being produced we can immediately rule out carcinoma. It is necessary to bear in mind a very striking exception to this rule. In addition to the more common variety of metastatic carcinoma in bone, in which the neoplasm produces characteristic destructive changes (osteoclastic type), there is a group of cases in which the neoplasm produces a remarkable laying down of dense bone salts (the osteoplastic type of metastatic carcinoma). It is our present understanding that the difference between the two types is entirely explained by a difference in rate of growth. In other words, the bone reacts differently to the very slow-growing neoplasm from what it does to the more rapid types.

The accompanying plate shows another essential feature of these osteoplastic cases. There may be increase in dimensions as well as in density of the affected bones. The radiographic appearance frequently resembles that of Paget's disease of the bone.

In our experience the most frequent site of the primary cancer in these osteoplastic types has been in the prostate.

Doctor Snure (closing)—I wish to add that the rules given in this paper are not 100 per cent positive, but are true in at least 90 per cent of the cases. As Bullitt states, the spindle cell tumor of the periosteal sarcoma usually produces bone and for this reason is classified as a bone producer. The spindle cell tumors referred to in the classification are those in which there is no bone production. Mallory lists the following tumors as those having spindle cells: Fibrosarcoma, chondrosarcoma, osteosarcoma, melanoma, leiomyoma, glioma, rhabdomyoma, hemangioendothelioma and neuroblastoma. I am glad that Bloodgood's opinion of benign tumors was mentioned. He feels that rarely do we have malignant tumors of central origin in the upper third of the femur under fourteen years of age. He advises the following treatment: Crush benign cysts, curette giant cell tumors, and use the cautery for the myeloma and chondroma.

Chamberlain's remarks are important. The metastasis from prostatic malignancy is the most common in the male and often gives the clinical symptoms of arthritis and osteomyelitis. I have a case in which the ilium was incised and drained; staphylococci were found in cultures from this area. The x-ray findings and microscopic tissue sections showed the condition to be metastasis from a malignant prostatic tumor.

A Caution to Members—Some of our members have called our attention to an advertisement from one I. W. Long of Columbus, Ohio, offering certain courses to doctors under certain conditions, by "D. V. Ireland, M. D." of Columbus, Ohio. Ireland proposes to be in California in December. Before subscribing the $100 fee for this course, we suggest that you read page 1951, Journal of the American Medical Association of December 2, 1922. Among other things, this article says: "I. W. Long seems to make a business of promoting the activities of those members of the medical profession who have sensational or bizarre theories to exploit and who wish to commercialize these theories. Long also seems to act as an agent for the sale of such devices and publications as may be necessary to the proper practice of the particular brand of therapy that is being exploited. Long has acted as publicity agent for courses in 'Electrotherapy' by C. L. Ireland, in 'Diseases of the Rectum' by D. V. Ireland, in 'Zone Therapy' by W. H. Fitzgerald, in 'Bio-Dynamo-Chromatic Diagnosis' by George Starr White, in 'Spondylotherapy' by Albert Abrams, etc. He has also sold 'abdominal supporters,' books on osteopathy, devices for performing stunts in 'Zone Therapy,' a chart advertised as 'A Key to the Practice of Osteopathy, Chiropractic, Massage and all Drugless Methods,'' and many other things. According to our records, D. V. Ireland was born in 1855 and was graduated by a homeopathic school in 1881—forty-one years ago. He seems to have practiced exclusively in Ohio and to have stayed but a few years in each town. The medical directories' record: 1886, Mansfield, Ohio; 1890, Xenia, Ohio; 1893, Fredericktown, Ohio; 1896, Mt. Sterling, Ohio; 1900, London, Ohio; 1902, Dayton, Ohio; 1906, London, Ohio; 1908, Columbus, Ohio; 1910, London, Ohio; 1914 Chillicothe, Ohio; 1916, Wilmington, Ohio; 1918, Columbus, Ohio. A study of the medical literature of importance for many years past fails to show that D. V. Ireland has published anything. He is not, and never has been, so far as our records show, a member of his local society." If more of our members would take the trouble to refer all their mail about which there may be any question to the Secretary of the California Medical Association, they might help the cause of better medicine, and even sometimes save money.

Our present social order, with all its defects, represents the best that human beings have been able to work out for themselves. "Before any man sets himself up as a professional critic of it," says Bruce Barton in a well-named "Common-sense" editorial (Red Book Magazine), "I want to ask him four simple questions:

1. Have you a family and are you supporting it? If not, don't pick on me. I have, and am.

2. Have you engaged in some gainful occupation and shared the problems and worries of the employers you are so ready to condemn.

3. Are you tolerant and fair-minded toward those who disagree with you?

4. Do you pay your bills?"

EDITORIALS

THE CALIFORNIA MEDICAL ASSOCIATION

Editorial Notes About the Fifty-third Annual Session, Held in Los Angeles, May 11 to 15, 1924

LOS ANGELES

For the first time in a number of years the annual session of the California Medical Association was held in Los Angeles, the metropolis of Western America. The session was by all odds and in every important sense the largest and most successful in the history of the association. Much of the success and very much of the fine, happy, fraternal spirit that pervaded the gathering was due to the attractive setting, and many comforts and pleasures showered upon us by a great city acting as hostess. We doubt very much if there is anywhere another city of a million inhabitants where so much is done for invited guests. Surely, there is no other where the climate in May is so perfect that one is as unconscious of it as he is of a well-fitting and much-worn suit of clothes; where "taps" sung by mocking birds and perfume from tropical flowers and filtered moonlight soothes us to peaceful sleep; and where "reveille" is sounded by meadow larks calling us to another day's work.

The Honorable George E. Cryer, mayor of the city, welcomed our association as guests of the city in a public address; friendly newspapers carried the mayor's message to all the citizens, and thereafter we were made to feel the welcome wherever we were and whomsoever we came in contact with.

The Biltmore Hotel not only placed at our disposal their unusual facilities for housing a convention, but their officials and employes were courteous and tireless in efforts to please.

THE PRESS AND PUBLICITY

Many favorable comments were heard on every hand commending the generous quantity and the fine, constructive, informative quality of publicity about the doings of the convention. This was brought about by the co-operation of the great news distributing services; by the generous attitude of the editors of the metropolitan press, not only in providing space and editorials, but by assigning experienced staff writers to cover the convention.

The tireless and effective work of Mr. Celestine J. Sullivan as chairman of the publicity of the session was of the greatest value in collecting, assembling and interpreting the news and in assisting the staff writers in its distribution. The chairman, with his office assistants, had been very busy for more than two months collecting advanced copies of papers and abstracts and getting them into shape for the press. Two editors and several reporters told this writer that the material was presented to them in better and in a more attractive manner than at any previous convention, medical or otherwise.

OUR HOSTS

The Los Angeles County Medical Association, through its committee of arrangements and various special committees, provided a remarkable number of unusually attractive social features, and successfully co-ordinated the many scientific sections.

The *Central Committee of Arrangements* was made up of William H. Kiger, chairman; Harlan Shoemaker, W. T. McArthur, George H. Kress, Donald Frick, William Duffield, Wayland Morrison.

Other committees were:

Golf—Donald Frick, chairman; Guy Cochran, Stanley Granger, Lewis B. Morton, Roy Thomas, W. H. Kiger.

Finance — Wayland Morrison, chairman; C. G. Toland, Lyle G. McNeile.

Entertainment — George H. Kress, chairman; John V. Barrow, W. W. Beckett, G. Bjorkman, William B. Bowman, J. M. Brown, F. K. Collins, William Duffield, F. C. Ferry, Trusten M. Hart, Maurice Kahn, Carl Kurtz, Percy T. Magan, Harry W. Martin, F. C. E. Mattison, H. G. McNeil, E. C. Moore, P. Newmark, E. A. Newton, H. E. Southworth, F. A. Speik, C. P. Thomas, H. M. Voorhees, N. N. Wood.

Hostesses — Eleanor Seymour, chairman; Addie B. Allen, Helen O. Anderson, Venturia C. Armstrong, Hannah Beatty, Laura B. Bennett, Mona E. Bettin, Marietta Bewley, Margaret Bigby, Lorena M. Breed, Blanche C. Brown, Charlotte M. Brown, Mary Hess Brown, Annie S. Bullock, Grace W. Cahoon, Katherine M. Close, Belle Wood Comstock, Elmina F. Cook, Mary E. Dennis, Nannie C. Dunsmoor, Lula T. Ellis, Alice Barker Ellsworth, Margaret Wilson Fate, Kate Wild Glass, Etta Gray, Mary E. Hagadorn, Nattie H. Thurston, Margaret Farr-Hara, Helena A. Hunt, Josephine Jackson, Etta C. Jeancon, Cora W. Jones, Florence Keller, Mila J. Kinney, Anna B. Lefler, Evalyn F. McNealy, Olga McNeile, Caroline McQ. Leete, Julia T. Metcalf, Lillian Mitchell, Margaret M. Morris, Marcis A. Patrick, Josephine Platt, Harriet G. Probasco, Ruth Purcell, Cecelia Reiche, Louise M. Richter, Julia Riddle, J. Margaret Roberts, Elizabeth Saphro, Gertrude C. Seabolt, Gladys P. Shadovitch, Charline Smith, Lillian Ray-Titcomb, Elsa H. Van Soest, Louise Wagner, Gertrude Wolferman, Anna Hohanshelt.

Section Committees—There was a special committee to look after the general sessions and each of the fourteen sections of the association. These committees were:

General Sessions—W. H. Gilbert, W. L. Huggins.

General Surgery — A. B. Cooke, Elliot Alden, C. T. Sturgeon.

Radiology — O. R. Stafford, H. H. Heylmun, William Costolow.

Obstetrics—Willard Fox, H. M. Rooney, John Vruwink.

Dermatology, Syphilology — Kendall P. Frost, Samuel Ayers, H. P. Jacobson.

Eye, Ear, Nose, and Throat — Simon Jesberg, R. W. Reynolds, H. S. Muckelston.

Pediatrics—A. J. Scott, Montague Cleeves, William Happ.

Urology—A. R. Rogers, Anders Peterson, W. B. Parker.

Orthopedics—John Dunlop, Alfred E. Gallant, William Arthur Clark.

Pathology — F. M. Pottenger, Guy Cochran, R. B. Hill.

Internal Medicine—Stanley Boller, H. O. Bames, Arnold Scholz.

Industrial Medicine—Philip Stephens, Louis Josephs.

Neuropsychiatry — George G. Hunter, Martin G. Carter.

Anesthesiology — Eleanor Seymour, W. W. Hutchinson, Edwin F. Boyd, Donald E. Baxter.

Public Health League — W. H. Kiger, E. C. Moore, Harlan Shoemaker.

SOCIAL FUNCTIONS

These functions were of such great variety and so successfully conducted that the convention had hardly gotten well started before they seemed to blend into a charming social atmosphere, rarely, if ever, equaled at previous sessions.

The outstanding social gathering was the reception and dinner dance held in the beautiful ballroom of the Biltmore, in honor of President T. C. Edwards and President-Elect Granville MacGowan. More than one thousand members and their families and guests attended this charming function, which did much to cement the bonds of brotherly love that sometimes grow strained in the storm and stress of every-day life.

THE GENERAL SESSIONS

If further proof of the value of devoting the mornings of our annual meetings to general sessions and the afternoons to section meetings, started three years ago, were needed, surely that proof was supplied in the remarkable success of the recent program.

At the first of these general sessions, and after an invocation by Bishop John J. Cantwell, the Honorable George E. Cryer, mayor of Los Angeles, delivered a stirring address of welcome. The annual addresses of the president and president-elect of the association were presented, as were also the reports of the council, general counsel, secretary and editor.

The second general session, as is customary, was a public meeting under the auspices of the League for the Conservation of Public Health, with the president of the League, Dudley Smith, presiding. In addition to the League president's address, the program included addresses by Hon. C. C. Young, Lieutenant-Governor of California; Ray Lyman Wilbur, president of the American Medical Association; Mariana Bertola, chairman of Child Welfare of California Federation of Women's Clubs, and W. E. Musgrave.

The third general session was addressed by Judge Paul D. Burke of Los Angeles, Paul G. Woolley of Detroit, and Alfred Decastello, Vienna.

All of these meetings drew unusually large audiences and many critical observers studying effects from the side lines considered the general sessions the most valuable feature of the altogether important meetings.

SECTION MEETINGS

All of the fifteen sections of the association held interesting and largely attended meetings. The attendance at the sections was so unusually large that more spacious quarters had to be found for some of them. The story of the section meetings will be told as the officers' reports come in.

EXHIBITS

Both the commercial and scientific exhibits were constantly crowded with visitors. Both exhibitors and visitors expressed themselves as well pleased with the results of the meetings.

OTHER ACTIVITIES

The story of the work of the Council; House of Delegates; the meeting of officers of county medical societies, and other special features will be told in the columns of CALIFORNIA AND WESTERN MEDICINE in this and subsequent numbers.

THAT MUCK-RAKING "SURVEY" OF THE HEALTH AGENCIES OF SAN FRANCISCO

The hypercritical, muck-raking, incomplete, inaccurate, in part untruthful, "Survey" report of some 150 printed pages, made by Haven Emerson and Anna C. Phillips, ostensibly for the Council of Social and Health Agencies and Community Chest authorities, is out.

It appears to be typically Emersonian, in that it has already and justly invoked the same sort of resentment from the same groups of service-loving and service-giving citizens and organizations that some of his other "surveys" have called forth.

A reply to this "survey" is already in course of preparation. It will be published in installments in both CALIFORNIA AND WESTERN MEDICINE and in Better Health, and when complete, will be issued in permanent form. This reply will analyze the vicious, exaggerated and, in part, untruthful attack upon the medical profession of California as a whole; our two medical schools; the health authorities; the hospitals; the French and the German communities; the Sisters of the Catholic Church, and all others.

The "surveyors'" invidious comparisons with other cities will be accurately analyzed, and the motives behind the survey will receive adequate attention.

The alleged constructive part of the report will be explained, with particular attention to that part of it whereby the Community Chest is urged to become a superdictator in the *administration* of all health functions of the community, instead of a legitimate collecting and allocating body handling public trust funds as there should be. There appears good reason to believe that the Community Chest will refuse its indorsement of many of the statements and recommendations of these imported surveyors, and will rely more upon the opinions of our own physicians and hospital authorities. The attempts to force the hospitals of the city to become contributing tails to certain so-called national associations as a constructive (?) movement, and the drastic criticism of the Council on Medical Education and Hospitals of the A. M. A., will be explained. The reasons why the "surveyors" ignored the medical and hospital organizations of the state

after their many years of constructive work ought to be interesting reading.

The definite injury that even the preliminary report of this "survey" caused was reflected in the difficulties connected with raising the budget of the last Community Chest drive. The complete report will further injure the development of an otherwise praiseworthy institution calculated to serve well, provided it stays out of the field of the *administration* of its funds, either by conducting services itself or utilizing arbitrary and dictatorial policies over the hospitals, organizations, and persons whose function is to serve.

The thousand copies of this "survey" would serve best by being collected and burned.

THE PHYSICIAN'S SOCIAL CONFERENCES

Some mighty interesting and important things about which the world so far has heard little are being done by a growing number of California physicians. The movement has not been named, but may be appropriately designated physicians' social conferences. They are being held by both general practitioners or family physicians and by those who limit their work to children.

The principle is the same in all, but varies in details as between individual physicians. One day or part of a day in each month, more or less, is set aside for a certain group of the physician's patients—those under one year of age, those between one and three, four or five years of age, for example. Whatever the grouping, the group is invited to visit the office for a conference. These conferences are kept largely upon a social plane, but naturally the physician sees and records much of the effectiveness of his health advice and treatment. Naturally younger children are accompanied by older members of the family. No fees are charged for these conferences, and those who wish further specific medical service are given appointments which they keep upon the basis of professional service.

There are opportunities for splendid work by this custom, provided that the invitations are strictly limited to the physician's legitimate clientele. This movement after all is only a development of a commendable practice widely current in many places whereby the physician caring for young children has them report to his office at stated intervals for observation and treatment when necessary. Both movements are calculated to increase the value of medical service and insure sound health service. Both are praiseworthy, provided only that the physician limits his service to his own clients.

A PATHETIC SPECTACLE

At the recent local election, the people of Whittier, California, repudiated the terms of an agreement by which Colonel Simon J. Murphy built and gave to the community the Murphy Memorial Hospital, a well-built, well-equipped 100-bed hospital costing nearly $400,000.

During election day, Colonel Murphy, who is in exceedingly poor health, drove through the city with banners on his car, asking the people to vote "No" on the local initiative, which was designed to make a "scrap of paper" out of a written agreement and to flaunt the wishes of a public benefactor. The osteopaths, chiropractors, eddyites, and other groups one would expect to see co-operating in any attack upon scientific medicine and adequate education as a qualification of its practitioners, succeeded in carrying their initiative.

The issue was clear-cut. The people were informed that, if such action was taken and sustained, the Murphy Memorial Hospital would lose all standing as a hospital by the American Medical Association, the American College of Surgeons, and the American Hospital Association. Both medical and nursing organizations must then refuse to serve in it, and it becomes what the majority of voters of Whittier evidently want it to be—a place for cultists to treat their patients. There may be a few physicians, not members of this organization, who will connubiate with the cultists in their fine new hospital. They apparently are of the kind the majority of the voters want, but they are not the kind that can get into any really worthwhile hospital. It will be equally difficult to secure a staff of nurses who so far forget their moral code as to serve in such a discredited place. They will not, of course, be permitted to operate an accredited school of nursing. This means, in addition to other failures, that students who might be induced to train in the hospital could not secure their properly much-coveted R. N. from the State Board of Health.

The only thing left for the educated physicians, nurses, and that element of the public who still believe in scientific medicine, and medical agencies, to do is, to build their own hospital, or go to the nearby city of Los Angeles for hospital service.

If the action of the Whittier electorate is sustained, it might be well for people who hold any municipal bonds, or who are contemplating the purchase of municipal bonds, to consider the possibility carefully. Because if Whittier, or any other municipality, can by a local initiative repudiate one financial agreement, it can repudiate another.

The most important lesson of all is the one that private benefactors will, no doubt, get from the Whittier debacle. It is safe to predict that within a short time the Murphy Memorial Hospital will remind one of the buildings sometimes seen in the outskirts of a deflated boom town. Its service to the sick will be in harmony with the appearance.

Poor Whittier!

"PHYSICAL EDUCATION" AND "SCHOOL HYGIENE"

A great deal of space is being taken in various school magazines published by official school bodies and supported by the tax money as to whether the "physical education" department or the "school hygiene" department or the "school health" department or all three should have charge of the practice of medicine among school children. It is rare in official school publications to see even a mention of the physician as a health worker and it is equally rare

to see mention of the necessity of a medical education as a prerequisite for teachers or practitioners of medicine and health among school children.

A few brief abstracts from *"School Life,"* an official organ of the bureau of education may prove interesting:

"Emphasize health always as a positive rather than as a negative thing. Present health to children in terms of beauty, strength, and joy. **Never mention illness or disease to children if it is possible to avoid it.**

"Teachers should make simple physical tests. Not adequate substitute for inspection by physicians, but a step in that direction. Relatively little training required.

"Any person capable of holding a teacher's license can be taught in a short time to test vision and hearing, to know of the presence of decayed teeth, to judge whether the tonsils are normal or diseased, and to recognize the general indications of malnutrition.

"It is no more difficult to rate children on their physical condition than on their knowledge of arithmetic and geography.

"Many teachers have stated emphatically that never again would they admit a child to their classes without first examining him physically.

"At first glance it might appear that physical inspection places upon the teacher an added burden, but the reverse is true.

"Inspection by a teacher is not an adequate substitute for inspection by a doctor, but it is a step toward attaining regular medical inspection.

"Physical examinations of school children indicate that 70 per cent have actual or potential physical defects.

"In at least one state there is a state director of physical education and a state director of school health. The objectives found are named as follows: Obedience, subordination, self-sacrifice, co-operation, friendliness, loyalty, capacity for leadership, fair play, sportsmanship, self-confidence, self-control, mental and moral poise good spirits, alertness, resourcefulness, decision, perseverance, courage, aggressiveness, initiative.

"Many teachers, parents, and, we fear, more children, have been much perplexed, because the children, after following faithfully all the laws prescribed for the "nutrition game," have failed to measure or weigh up to the standard laid down in the tables and charts.

"Malnutrition is the most serious and most expensive condition with which we have to deal. It is the cause of the two most common of our diseases—rickets and carious teeth, and there is good evidence that it has very much to do with the production of adenoids and abnormal tonsils.

"You cannot by any means make a Poland China pig out of a razorback, nor change a thoroughbred colt into a Percheron horse."

And so on as far as you are interested to go. Most, if not all the volumes of propaganda published in the form of regular magazines, bulletins and what not by the educational authorities and paid for out of public funds indicates a well-laid and persistent plan for the complete control of the health of children *by the school boards,* instead of by physicians and legitimate medical agencies.

No such powerful, well co-ordinated and well financed (by public funds) movement for placing the control of the practice of medicine, including public health, in the hands of those incompetent by education and training to handle the subject, has ever before confronted any civilized people. In no other state has it made greater or more rapid progress than it has in California.

The practice of medicine under the guise of "physical education," "school hygiene" and what not has become so extensive by teachers, nurses, and other inadequately educated technicians that even the chiropractors and other cultists are protesting. Official medically educated health officers and physicians for the most part have been protesting for a long time. A small number of health officers, and an even smaller number of other physicians, endorse the movement, we hope, for other reasons than the apparent ones.

Nor is this opposition on the part of physicians a selfish one. The more active these school authorities are in the incompetent practice of medicine and in the equally incompetent and often dangerous health advice they are purveying, the more physicians will have to do. As a specially qualified citizen, however, interested in promoting the welfare of his fellow man, the intelligent physician gets nausea and indigestion from much of the foolish and often dangerous health advice that is put out almost daily by these "near doctors" as health information.

It would be hard to describe his feelings over the little patients he sees with malaria, kidney, heart, lung and scores of other troubles who come to him for assistance much later than they otherwise might, because these patients held school board diagnoses of "undernutrition," "malnutrition" or some other *symptom* and who have been officially treated by diet and otherwise by the agents of the board of education.

A prominent public health officer reports that the feelings of a school nurse were much hurt because he criticized her for both diagnosing and treating an epidemic skin disease among the pupils. A threat of arrest for practicing medicine without a license corrected the situation temporarily. These school children were suffering from impetigo contagiosa—fortunately.

Another school child, diagnosed "malnutrition" by the board of education and being treated by "scientific diet," finally consulted a physician who found her spleen enlarged and her blood swarming with malarial parasites.

Still another school child, diagnosed by the board of education as suffering from "undernutrition" and being treated by a "nutrition specialist," finally consulted a physician who found a disqualifying disease of the heart.

Still another school child with the same formularized diagnosis and line of treatment finally fell into the hands of a physician. The child's blood showed a pronounced anemia; there was a slight elevation of temperature and the chest contained suspicious signs. X-ray examination confirmed the diagnosis of early tuberculosis.

In the face of these things and the more and more yet to be discussed, why bother about the incompetent health work of a few hundred chiropractors and other recognized cultists?

The editors of CALIFORNIA AND WESTERN MEDICINE appreciate the co-operation of physicians reporting to us instances like the above, and we want many more—enough so that we can quote from a few hundred of them in an article in the course of preparation.

IODIDE IN PLUMBISM

Perhaps the most commonly used therapeutic measure in the treatment of chronic lead poisoning is the oral administration of iodide, either sodium or potassium. Clinical opinion, however, is at variance as to its beneficial effects, some claiming positive, other, negative results. The question resolves itself into two propositions: first, the mechanism of the action of iodide in lead poisoning, and second, the nature of chronic lead poisoning. The latter proposition will be considered first, since this logically precedes consideration of the former. That is, a therapeutic measure cannot be applied rationally until the cause or nature of the disease condition is understood.

Experimental studies on animals (cats, mice, rats, and birds) made by a number of investigators yield two explanations. One explanation is that lead accumulates in the form of deposits in various organs, and then is gradually released and acts upon various structures, giving rise to the well-known symptoms of the poisoning. This notion rests on good evidences, namely, accumulated deposits of lead, especially in bones, as claimed by Aub and Minot of the Harvard Laboratories of Applied Physiology; and the continuation of the poisoning after stoppage of lead administration. The other notion is based on equally good evidences, namely, absence of lead deposits in certain species exhibiting characteristic symptoms and immediate signs of recovery upon withdrawal of the lead, as observed by Straub of the Freiburg Pharmacological Institute, and Hanzlik of the Stanford Pharmacological Laboratory. Accordingly, the storage theory is not held to be valid, and the poisoning is explained by accumulation of injuries due to the continued passage of adequate concentrations of lead through the body, recovery taking place when the concentration and passage are inadequate as upon withdrawal of the lead. These two notions, apparently equally well sustained by evidences, leave the nature of the poisoning unsettled, and, therefore, the study of therapeutic measures difficult. Nevertheless, attempts to ascertain the mechanism of iodide action in experimental lead poisoning have been made and interesting results obtained.

Scremin of the Pharmacological Institute, in Padua, has made several ingenious experiments. Using chemosis in rabbits and guinea pigs as a test of tissue action from increased lead solubility, this investigator administered sodium iodide gastrically, and then dusted the eyes with different insoluble salts of lead. No yellow iodide of lead was found, and also no chemosis or other effects. This indicated that the lead salts on the tissues were not acted upon by the iodide in the body fluids. Yellow lead iodide introduced subcutaneously in small amounts in iodized animals disappeared as such, but the lead ion remained at the place of application, as indicated by a black discoloration of the tissue when exposed to hydrogen sulphide. When sodium iodide was injected together with lead iodide subcutaneously, the lead iodide remained in the tissue uninfluenced, though in the absence of sodium iodide only the lead ion remained. In other words, the presence of the iodide ion in the tissues, as from administration of sodium iodide, caused retention of the lead as lead iodide locally and not removal, as is supposed to be the case in iodide therapy. Scremin concluded, therefore, that iodide did not react chemically with lead compounds (chloride, carbonate, phosphate, and sulphate) which occur in the tissues of lead poisoning. He suggests, therefore, that the clinical beneficial effects of iodide depend on some increase in metabolism, or, in other words, on a general iodide action, and not upon the removal of the cause; that is, the lead.

Sodium iodide given by mouth to pigeons poisoned with metallic lead (administered gastrically) was found by Hanzlik and Presho to be beneficial, as to relief of symptoms and reduction of the fatal dose. The results were explained on the basis of insolubility of the lead, this having occurred also *in vitro*. These results, therefore, agreed with those of Scremin as to the chemical influence of iodide on lead, namely, that the iodide tended to render lead insoluble, if anything, and, therefore, more localized. Accordingly, it would be expected that iodide would tend to form deposits of lead iodide, or, in other words, produce accumulation of lead as in one of the theories of the nature of lead poisoning. From this it follows that the less soluble the deposit the lesser the poisoning and the greater the benefit. This line of thought, however, is confronted with the difficulty that recovery from the poisoning occurs clinically, which should not occur as long as the lead is retained according to the same theory. The insoluble lead (rendered so by iodide) might be removed by some other mechanism. This comes almost to the same thing as saying that iodide per se does not remove the lead. The negative results with iodide as to solubility of the lead indicate indirectly that the nature of chronic lead poisoning is not due to an accumulation of lead, but that it is concerned with injuries accumulated from the continuous passage of lead in adequate concentration, the higher the concentration the shorter the time necessary for the result.

Other treatments besides iodide are used and claimed to be beneficial. Their bases appear to be different from that for iodide. Experimental lead poisoning (not the acute) in animals may not be the same as chronic lead poisoning in man. This appears to be an important difficulty in the study of the problem. Meantime the use of iodide in plumbism is still to be regarded as an empirical remedy. However, in view of the extent and seriousness of plumbism throughout the civilized world, the problem merits attention from all sides, and it is hoped that new methods of attack, especially from the clinical side, may be devised.

Aub and Minot: Journ. Am. Med. Assoc. (Proc.) 1923, 80:1643, "The Retention and Elimination of Lead."

Straub: Int. Med. Congress, London, 1913, Part II, p. 61, "Experimental Chronic Lead Poisoning."

Hanzlik: Arch. f. exper. Path. u. Pharm., 1923, 97:183, "Experimental Plumbism in Pigeons from the Administration of Metallic Lead."

Scremin: Arch. f. exper. Path. u. Pharm., 1923, 99:96, "Iodide Therapy in Chronic Lead Poisoning."

Hanzlik and Presho: Journ. Pharmacology and Exptl. Therap., 1923, 21:131, "Therapeutic Efficiency of Various Agents for Chronic Poisoning by Metallic Lead in Pigeons."

Medicine in the Public Press

"Synthetic Psychology" — Physicians have noticed the news value attached to the puerile and disgusting statements of Mrs. Edith Rockefeller McCormick about her "new" philosophy of life and treatment of disease. The best reply that we have seen is contained in an editorial with the title of "Old Brains for New" in the San Francisco Daily News, which says:

"First thing Mrs. Edith Rockefeller McCormick, of the Chicago McCormicks, knows, she will be infringing on the Coué patent. She has a cure which she calls 'synthetic psychology,' and which she explains to be renovation of the brains. The human mind is a house, with old, worn furniture in the shape of old, worn thoughts. 'Synthetic psychology' simply throws out the old and puts in new furniture. Mrs. McCormick admits that it is much easier to throw out old than to get in new furniture, wherein the lady certainly indicates that she knows furniture.

"We wish her well. Anybody devoting time, money and argument to renovating the average human mind of these times needs encouragement."

Are There Any Limits? — Recently, front-page "news" stories announced the discovery of still another discovery of a still further improved x-ray tube. The story quoted J. C. Bloodgood as endorsing the new tube. This was promptly repudiated in a telegram to the New York Times, in which he said: "Your special from Baltimore, published on your front page this morning, quoting me on new x-ray tube, is an error and a dangerous error. I know of no such discovery or new tube, and did not give out the interview. I am sorry, because I would welcome such a great discovery."

Comedy in Health Reform — Most of our health reform movements, particularly the popular ones, are so steeped in melodrama and even tragedy, or at best a grim sort of humor, that a touch of light comedy now and then encountered is refreshing.

The best recent example is being interpreted by the courts of New York. It seems that a motion picture corporation prepared a film illustrating the everyday problems and practices in childbirth. The film was to be shown only to physicians and nurses. A temporary injunction prohibiting the showing of the picture was secured by the public health, licensing and film censorship people on the ground that its exhibition was derogatory to the morals of physicians and nurses. Funny, isn't it? Both physicians and nurses encounter so much of the real problems that it is difficult to understand how or why they would be interested in having their work portrayed on the "silver sheet." It would be more important to analyze the motives of the kid-gloved, swivel-chair guardians of our health by those sanctimonious supermoral persons who have never worked all night with the hard problems of life-saving that is part of the day's work of the worthwhile physician and nurse. They encounter nothing immoral in naked nature in travail.

Statistics Always Supply What You Look for—Geniuses, as a rule, are not the offspring of young parents, says a report of the Society of Bavarian School Teachers. After investigating into seventy-four cases of prominent personalities of the artistic and literary world, this organization found that among them were only ten first-born children. The report points out that Fenimore Cooper was the eleventh of twelve children; Honore Balzac, the youngest son of his parents; Napoleon Bonaparte, the eighth child; Benjamin Franklin, the youngest of seventeen; Rembrandt, the fifth of six children; Richard Wagner and Wolfgang Amadeus Mozart were the last of seven; Robert Schumann, the fifth, and Franz Schubert, the thirteenth of fourteen children. The investigations thus convince these teachers that a rather advanced age of the parents seems to be more favorable to the production of great personalities.

Again, we see that statistics supply what one looks for.

Cornelia and Dionysus — Large numbers of our people still look upon the physician as something more than a giver of pills. Every true physician recognizes that his most important and useful work is outside the field of stethoscopes and materia medica. The proudest day in a doctor's life is the day a dignitary confers upon him his degree of Doctor of Medicine. The day when he feels most humble is when some young girl he has assisted into the world comes to him to explain the new threshold of life she is about to cross. He knows that it is not so much his skill as his soul that the young, the old and the dying love him for. This always has been so, and it will continue so long as the art of medicine lasts.

To meet his broader responsibilities with tact and wisdom, it is necessary, however difficult the problem, for the modern physician to read much and broadly. He will find much of the knowledge required to meet effectively this ever greater field of his usefulness, not in medical journals, but in the better class of literature, art and other tangible expression of life and ideas available to all. The power not only to assimilate the good from these lessons, to adopt them to special needs and pass them on in understandable language to those looking to him for guidance is the highest art of medicine.

One of our members has called our attention to the article under the above title in the May Atlantic which suggests the above introduction to the editor. We pass it on to you.

Biased Evolution—Doctor, if you are interested in what many of your patients are reading about evolution, may we suggest that you read the article under the above title (Harper's) by Alfred J. Lotka? It is well written and it is stimulating whether you agree with the author or not. Certainly, you will find there the source of some of your patients' questions to you.

The Renewal of Youth by Surgery—If you are interested in "educating" everyone in medicine and are curious as to the quality of the educational matter, how it is put and why, it might be well to scan an interview with Voronoff by Armstrong Perry, in the May issue of The Forum. Your patients are reading this sort of "educational" material, and they are likely to base their questions to you accordingly. And what is more important, some of them are quite likely to estimate your ability in proportion as you agree with the claims made by this and similar writers. The "atmosphere" of the article and its purposes is indicated in a short paragraph:

"A ring at the gate of Dr. Voronoff's garden brought a competent valet de chambre, who said that the doctor was attending the celebration of the one hundredth anniversary of the birth of Pasteur. After my mission was explained, the man left me in a drawing room full of old masters, wonderful rugs, and exquisite furniture, returning with the welcome announcement that the doctor would receive me between 6 and 7 in the evening."

Lopsided Farmers — An official bulletin of the Bureau of Education at Washington says: "Farm life, instead of promoting all-round physical development, tends in many cases to overdevelop certain muscles while completely ignoring others."

This will be "news" to farmers and physicians; at least, all of those who have actually worked on a farm will be delighted to know that some of their muscles get a rest now and then.

STATE SOCIETY

MINUTES OF THE HOUSE OF DELEGATES, FIFTY-THIRD ANNUAL SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION.

FIRST SESSION

Held in the Ballroom of the Los Angeles Biltmore, Los Angeles, California, Monday evening, May 12, 1924, at 8 p. m.

Calling to Order—The meeting was called to order by the president, T. C. Edwards of Salinas.

Roll-Call—The secretary called the roll; sixty-eight (68) delegates were seated, and the president, T. C. Edwards, declared a quorum present.

Report of President—The president, T. C. Edwards, presented the following report:

As the various reports to be submitted at this session cover the work of the association during the past year, there is little for me to say except what I have personally done. There were eleven meetings of the Executive Committee during the year, and I have attended ten of them besides attending all meetings of the Council. Doctor Parkinson, chairman of the Council, and I visited various county societies at Sacramento, Woodland, and Chico, at which meetings members and representatives of over ten counties were present. I also visited in Marin County. I have found, in making these visits, that the country men like their councilors and officers to meet with them, and at the last Council meeting councilors reported great interest in their work and their visits to the various county societies in their districts, and I believe that if this is followed up great good will come of it.

Appointment of Reference Committee—The president appointed the following Reference Committee: Harlan Shoemaker of Los Angeles, Robert Pollock of San Diego, and Clarence G. Toland of Los Angeles.

Report of the Council

James H. Parkinson of Sacramento, chairman of the Council, submitted the following report:

Doctor William Stover—The Council again regrets to record the loss of a member during the current year, William Stover having passed away on April 4, 1924. Doctor Stover, who represented the Third District, has been a member of the association for many years and was elected to the Council at the last annual meeting.

Doctor B. F. Keene—The committee appointed in the matter of the restoration of the grave of Doctor B. F. Keene, the first president of the society, has submitted a final report embodying details as to specifications and costs. The Council recommends that the report be adopted and instructions issued to give it effect.

Meetings—The Council has held, in all, three regular meetings during the year. One open meeting was held in Los Angeles, January, 1924, at which all interested in Industrial Medicine and Surgery were invited to discuss the problems of this particular branch of our activities. The results of this meeting were issued in the form of a questionnaire, 200 of which were sent out. These were sent to men known to be doing industrial work, including those indicated by the secretary of the Section on Industrial Medicine and Surgery, and to secretaries of all county societies. Copies were also mailed to members requesting them. To date fifteen have been returned, and these have been submitted to the Industrial Medicine Section.

The Executive Committee has held eleven meetings during the year. It was thought best to notify all members of the Council of these meetings so that whenever convenient they could attend. This new departure has worked well and we have had a larger attendance.

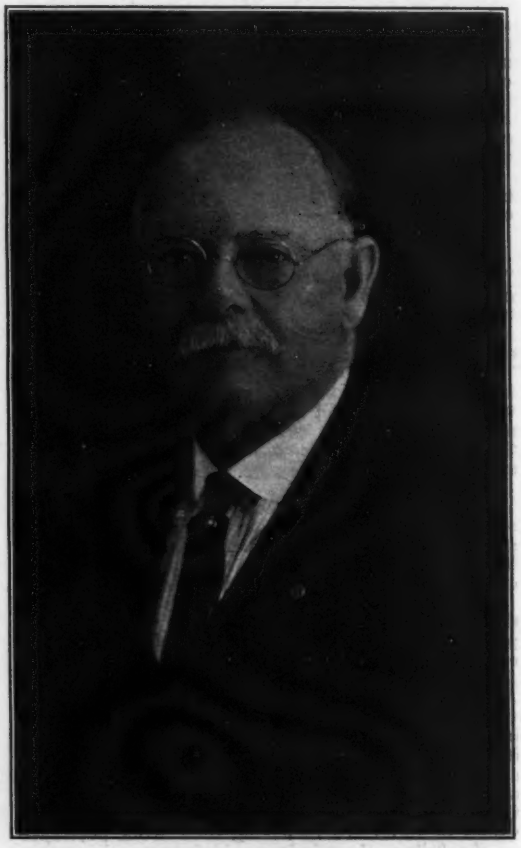
Five questions were submitted to the Council by mail ballot.

Office of the Society—The work of the office has been most successfully and satisfactorily conducted by the present staff. Constant attention by the secretary to many little details has resulted in greater efficiency than we have ever known. The report of the Council, covering as it does all phases of the society's activity, must necessarily deal in a general way with the duties of its staff.

The following table shows the growth of the society from the year 1912 and gives our active membership at the close of 1923 as 3809.

Membership—1912, 2300; 1913, 2396; 1914, 2503; 1915, 2557; 1916, 2602; 1917, 2699; 1918, 2534; 1919, 2496; 1920, 3136; 1921, 3484; 1922, 3666; 1923, 3809.

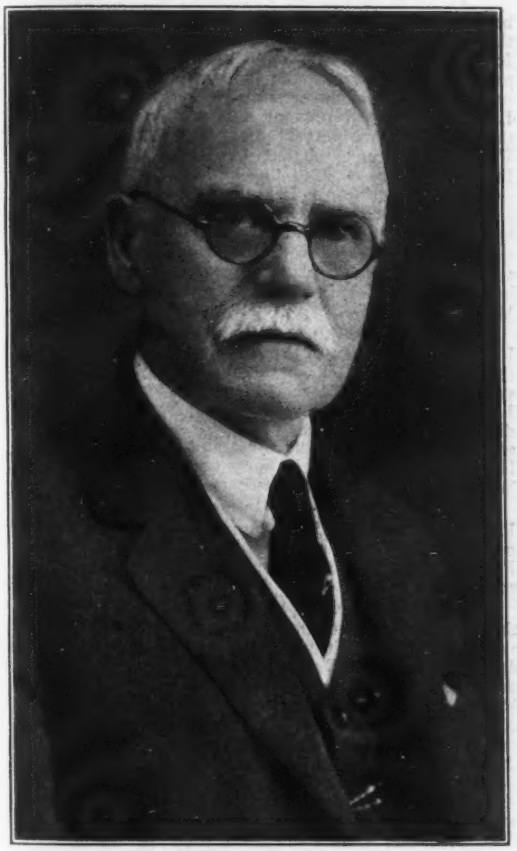
The Journal—Upon recommendation of the editor the California State Journal of Medicine is now entitled California and Western Medicine. During the year it has become the official organ of the Utah Medical Association, as it had been of the Nevada Medical Association. It has recently had a new cover and has added sixteen pages to its regular form. The editorial pages under Doctor Musgrave's able direction have given earnest attention to the many problems with which medicine is constantly confronted. With quite remarkable perspicacity the editor seems to discern the needs and aspirations of the rank and file of the profession, and topics directly affecting the welfare of the great mass of physicians are dealt with in a singularly clear and forceful way. At Doctor Musgrave's request all editorials on general questions are submitted to the Executive Committee in advance of publication. Doctor Musgrave continues to serve at a salary of $1 per annum.



THOMAS CLAY EDWARDS
President 1923-1924

Medical Defense—In accordance with the decision of the House of Delegates at the meeting in 1923, medical defense by the society will cease as of June 30, 1924. Our general counsel has made every effort during the year to clear the calendar. Most of the cases and threats of cases for the defense of which the society is obligated will be known by July 1, 1925. Until that date is reached the Council feels it would be imprudent to reduce the annual assessment.

Optional Medical Defense—In accordance with authority granted by the House of Delegates, the Council proceeded to put in operation a plan for optional medical defense in conjunction with commercial carriers retaining the present statewide legal staff that has been built up in the past eight years. After several conferences and much correspondence it was found impossible to effect a policy contract that would be satisfactory to the society as a whole. It was recommended that the membership seek coverage as individuals and that the retention of the present legal staff be accomplished on the basis of an annual assessment payable by all who had expressed the desire to do so over their own signatures. These facts with illustrative details were submitted to the membership in Letter No. 4, issued on February 6.



GRANVILLE MacGOWAN
President 1924-1925

Optional medical defense by the society's legal staff, in conjunction with commercial carriers, will automatically go into effect July 1, 1924, for 168 members of the society and will continue on that basis to June 30, 1925. While the future of this feature must be governed entirely by the response of the membership, the Council wishes again to emphasize the desirability of keeping in close contact with the insurance situation and urges a substantial representation in the new optional medical defense plan.

Uniform Constitution and By-Laws for County Societies—It would seem desirable, as far as purposes of organization are concerned, to have a uniform constitution and by-laws for all county societies. That recently adopted by the San Francisco County Medical Society is, at the suggestion of our general counsel, tentatively submitted for that purpose.

Financial Impositions Upon the Profession—Chief of these may be cited:

1. The $2 annual tax by the Board of Medical Examiners, which now automatically becomes part of the contingent fund of the board and cannot be used for board purposes unless budgeted out by the governor.

2. The federal income tax, which makes no distinction between earned and unearned income and which, by bureau interpretation, denies to the medical profession the convention expenses allowed commercial organizations.

3. The federal license under the Harrison Narcotic law, through which the government last year collected from the medical profession funds far in excess of anything needed by licensure, under an enactment wholly unnecessary as far as we are concerned.

4. The local licenses as imposed in various municipalities in which we are included with other professions.

The subject seemed of such importance that the Council appointed a committee, consisting of Rene Bine, chairman of the Executive Committee; Granville MacGowan, president-elect, and William E. Musgrave, editor of the Journal, to take such steps as it deemed proper in co-operation with similar professional organizations. This committee has made a progress report and has been continued.

The books of the society show: Cash on hand January 1, 1923, $4,219.01; receipts during the year 1923 from all sources, $59,949.09; total disbursements, $49,578.28; cash on hand, January 1, 1924, $14,589.82. They are always open for the personal inspection of members, as are all our records. No money is used for other than strictly society purposes. This definite statement is made because there seems to be a suspicion more or less prevalent that the society in some way contributes to the funds of the League for the Conservation of Public Health. This suspicion has absolutely no foundation in fact. The league is a distinct organization with its own officers and its own set of books, which similarly are open at all times to investigation by its members. It has always, when requested, co-operated with the society in any matter, and this co-operation has been absolutely gratuitous. It would seem obvious that its finances and its affairs, with which this society has nothing whatever to do, are only open to criticism or investigation by its members. The league's funds are derived from the contributions of citizens of the great republic of medicine, made voluntarily as their means and their judgment dictates. To such citizens the league only is responsible.

In considering these receipts and disbursements particularly in relation to the amount of cash on hand January 1, 1924 ($14,589.82), certain facts must be taken into consideration. The actual surplus for the year 1923 was $10,370.81, $4219.01 having been carried over from the year 1922. This surplus with our present assessment has only been possible because the society is not paying for some services it now receives and is paying a modest compensation for others. Since May, 1922, Doctor Musgrave has edited the Journal at a remuneration of $1 per annum. No salary was paid to anyone as secretary during the months of February, March and April, 1923. Since then Doctor Emma W. Pope has been drawing $200 per month. Doctor Phillip Mills Jones, as secretary and editor, received $6000 a year. Should the society at any time find a man able and willing to act in this dual

capacity it will no doubt be necessary to increase that figure.

It is a fact that the amounts charged the society for legal services, by which is meant professional work, exclusive of court costs and other expenses, is much below that generally obtaining in commercial law practice, and really quite out of proportion to the services rendered.

When a reduction in the annual assessment from the present figure of $10 is discussed, these facts and figures must be borne in mind. It should also be remembered by those who advocate a "society at cost" that a comparatively small excess fund each year would make possible many desiderata of which the publication of a medical directory by, for and of the society, original investigation, research work and

EDWARD N. EWER
President-Elect

worthwhile prizes for subjects of general advancement in medicine may be mentioned.

Annual Assessment—The Council recommends that the annual assessment for 1925 be fixed at $10.

Report of Committee on Scientific Program—The secretary, Emma W. Pope of San Francisco, as chairman of the Committee on Scientific Program, submitted the following report:

The program for the present session is in your hands and I think shows the good work done by the Program Committee, the section officers and the men who present papers. Special thanks are due the section officers, who willingly responded to all requests made by the state office. With few exceptions programs in full were submitted by February 15 in ample time for the necessary checking of their speakers.

Any one member may present but one paper at an annual session, and only members in good standing in the association, invited guests from other states and countries, or internes not yet licensed, and hence ineligible to membership, are privileged to present papers. All these facts must be verified by the office before the program can be printed. Licensed physicians resident in California who are not members may not be included. A few papers of unquestioned merit were offered section officers, but are not on the program, as the men who desired to present them were unwilling to apply for membership in the California Medical Association. In each case this ruling has been clearly put by the section officer and an invitation to join the society extended. We feel strongly that physicians who are unwilling to ally themselves with the society should not receive privileges that rightfully belong to the membership.

We regret that Doctor Alfred Decastello and H. Finkelstein are unable to be with us. Doctor Ray Lyman Wilbur will speak before the League for the Conservation of Public Health on Wednesday morning, as he is compelled to return to the university before the Thursday session. We especially regret that he could not present his paper before the California Medical Association meeting, where he, as president of the American Medical Association, properly belongs. At that meeting Judge Paul D. Burks of Los Angeles will present a paper on "Relation of the Doctor to Expert Medical Testimony." Doctor P. G. Woolley, Assistant Professor of Pathology, Detroit College of Medicine and Surgery, will speak on "The Relation of Laboratory to Clinical Medicine," and Doctor U. G. Houck of the U. S. Bureau of Animal Industry, and inspector in charge of hoof and mouth disease eradication, will give a timely address on the medical question that is of paramount interest to California at the present time, "Hoof and Mouth Disease."

Report of Auditing Committee—Rene Bine of San Francisco, chairman of the Auditing Committee, stated that the books of the association were audited each year by a firm of certified public accountants; that Lester Herrick and Herrick of San Francisco had audited the books for the year 1923, and certified that all accounts were in due form and had been verified. He also stated that the reports of the auditors would be passed around for those to see who so desired.

Report of Committee on Bunnell Memorial—Emmet Rixford of San Francisco, chairman of the Committee on Bunnell Memorial, not being present, Saxton T. Pope of San Francisco presented the report of this committee:

The committee wishes to report that it has reviewed the literature sent to the association by Doctor Howard A. Kelly of Baltimore, and find it very explicitly demonstrated that Doctor Lafayette Houghton Bunnell was among the first to enter Yosemite Valley. He was a member of an exploratory party which visited the valley in 1851. He was the first man to propose the name of Yosemite to the valley and, through his writings, he first made it known to the world. The claims of discovery are, therefore, properly awarded to him and the matter of priority has been carefully worked upon by Doctor Kelly. We, therefore, feel that dedication may be made with propriety and justification.

Your committee addressed a communication to the superintendent of the Yosemite National Park, which was later forwarded to the Director of National Parks, Mr. Stephen T. Mather. In this communication we asked permission to place a tablet in Yosemite Valley at the base of El Capitan, the spot where these first explorers camped in the month of March, 1851. We are now in receipt of permission from Mr. Mather to erect a suitable plaque conditioned on his approval of the design.

The tablet itself has been placed in the hands of Mr. Paul J. Fair, an animal sculptor, and a photograph of it will be passed around for all to see. The subject, as you will see, is a large figure of a grizzly bear, which represents the translation of the name Yosemite from the Indian, and the medical caduceus, which is the emblem of medicine since the time of Hippocrates. The inscription on the tablet is as follows:

"To commemorate Dr. Lafayette Houghton Bun-

nell—one of the first party of white men to enter the Yosemite Valley in March, 1851. He proposed the name Yosemite and was the first to proclaim its beauty and wonders to the world. Dedicated by the California Medical Association, 1925 A. D."

Photographs of the plaque will be sent to Mr. D. R. Hull, landscape engineer of the National Park Service, and to Mr. W. B. Lewis, superintendent of the Yosemite National Park, and will thereafter be forwarded with their recommendations to Mr. Mather.

The expenses of the tablet have been assumed, so far, by your committee, and will probably not amount to more than $200, including the sculptor's fee, the casting in bronze, and the placement upon a boulder at the foot of El Capitan.

Doctor Kelly stated that he had collected $14, which he has since raised to $50. A check for this $50 has been received by your committee from Doctor Kelly for the proposed memorial to Doctor Bunnell in Yosemite.

Your committee feels that, if the 1925 convention is held in Yosemite National Park, the proposed memorial to Doctor Lafayette Houghton Bunnell should be dedicated at that time, and recommends that an invitation be extended to Doctor Kelly to be present at the dedication and to address the association on that occasion.

Report of Secretary—The secretary, Emma W. Pope of San Francisco, presented the following report:

After hearing the reports of the chairman of the Council, the editor of the Journal, the legal counsel, and the chairman of the Auditing Committee, the secretary feels that the activities and the reports of the state office have been rather fully covered. It is pleasant, however, to report a few statistics and facts.

During 1923 we received eighteen resignations, owing mainly to removal from California, and there were forty deaths of members of the society. In spite of this we had eighty-five more members at the close of 1923 than at the end of 1922. There was also an increase in the cash on hand of $10,370.81, due to an unexpected halt in the legal output and a decrease in office expense.

We cannot be sure that the peak of legal expense has been reached. We hope that it has, and that the society may report a similar saving to the membership during 1924. On the other hand, it may become our unpleasant duty to report an inroad upon the association's reserve, rather than an addition to it.

Two activities of the state office deserve repeated mention until fully understood by our members. I refer to your placement bureau and the extension service. The placement bureau has meant more than any comfortably settled physician can realize to our young men and women starting their life work, to men coming in from outside states, and to country physicians who need assistance during illness or enforced absence. More than fifty such positions have been filled this year, which, being understood, means that 100 requests were complied with, for the request of the man seeking work necessarily dovetails into that of the man needing assistance; five technicians, one dietitian, and twelve nurses and stenographers for doctors' offices were also located. Wherever possible, physicians should use this bureau and maintain its efficiency. In no other service of this office are so many stanch friends made for the society. The placement bureau is a very tangible and material evidence of the association's good-will and personal interest in its membership.

In line with this work, we co-operate with The Californians, Incorporated, in answering questions from physicians who desire to settle in California. As a direct result men who have received courteous answers and helpful suggestions have in many instances become members and active friends of the society.

The extension list of speakers for county society meetings has not been enlarged this year, awaiting the report of the committee appointed to look into the work. Now that it has been definitely decided that county societies desire set papers rather than clinics, as was suggested by the committee, an effort will be made to enlarge the present panel of available papers and speakers.

Four assistants carry on the work of the office and Journal at an aggregate salary of $640 a month. Few offices handling the volume of work that passes through the state office employs so small a force. The compilation of a monthly journal of 112 pages, the reports of the legal department that successfully defends its 4000 members, a placement bureau and general information desk, a clipping and statistical file in reference to our membership, the work of arranging for the annual meeting, for three Councils and many executive meetings, the recording of members in good standing and delinquent, the bookkeeping incident to the handling of funds amounting to $50,000, is all done by your four capable and efficient assistants.

In closing, let me emphasize that misunderstandings and suspicion vanish before open question. When in doubt concerning the policy of your state organization, ask questions. To the best of our ability they will be answered. I am glad to report that from county secretaries all over California have come questions during the year relating to the termination of indemnity and legal defense, the reduction of dues, and to the expenditures of the society. The San Francisco County Medical Society at its last board of directors' meeting requested the office to have a representative present at that meeting to explain our financial condition. All such requests are cheerfully acceded to and make for mutual understanding.

Report of Editor—In the absence of William E. Musgrave of San Francisco, Rene Bine of San Francisco read the report of the editor, which will be published in the July issue.

Unfinished Business—There was no unfinished business to come before the House of Delegates.

New Business—In accordance with the rules of the association, the following resolutions were presented and referred to the Reference Committee. For text of these resolutions and final action by the House of Delegates, see minutes of the second session.

Resolution No. 1. **Farming Out of Medical Service to Laymen.** Presented formally by Morton R. Gibbons of San Francisco for and at the request of the Section on Industrial Medicine of the San Francisco County Medical Society.

Resolution No. 2. **Physicians' and Surgeons' Panel for Industrial Accident Work.** Presented by Morton R. Gibbons of San Francisco.

Resolution No. 3. **Dealers in Cut-Rate Industrial Contract Practice.** Presented formally by Saxton T. Pope of San Francisco for and at the request of Carl Hoag of San Francisco, who was unable to be present.

Resolution No. 4. **Ethical Standing of Physicians Employed by Lay Organizations Practicing Medicine for Profit.** Presented by Walter V. Brem of Los Angeles.

Adoption of Minutes—The minutes of this session were read and approved.

Adjournment—There being no further business the house adjourned to meet at 8 p. m. Wednesday, May 14, 1924, in the Music Room.

SECOND SESSION

Held in the Music Room of the Los Angeles Biltmore, Los Angeles California, Wednesday evening, May 14, 1924, at 8 p. m.

Calling to Order—The meeting was called to order by the president, T. C. Edwards of Salinas.

Roll-Call—The president announced that the president of the Tulare County Medical Society, A. W. Preston of Visalia, was present and, if there was no objection, would act as delegate from his county society. There being no objection, the president declared A. W. Preston of Visalia delegate from the Tulare County Medical Society.

The secretary, Emma W. Pope of San Francisco, called the roll; fifty-two (52) delegates were seated, and the president declared a quorum present.

Place of Meeting for 1925—The chairman of the Council, James H. Parkinson of Sacramento, announced that, by unanimous action of the Council, the invitation of the Yosemite National Park Company to hold the 1925 meeting in Yosemite National Park had been accepted, and that the date would be fixed later by the Council in accordance with correspondence with the Yosemite National Park Company and so as not to conflict with the 1925 meeting of the American Medical Association.

Election of Officers

President-Elect—Edward N. Ewer of Oakland was nominated for president-elect by Pauline S. Nusbaumer, Oakland. On motion of Paul M. Carrington, San Diego, seconded by James H. Parkinson, Sacramento, the nominations were closed. The secretary cast the ballot, and Edward N. Ewer was declared elected president-elect of the association for the year 1924-1925.

Vice-President—Harry E. Alderson of San Francisco was nominated for vice-president by Joseph Catton, San Francisco. The nomination was seconded by A. S. Musante, San Francisco. On motion of A. J. Scott, Jr., Los Angeles, seconded by William E. Stevens, San Francisco, the nominations were closed. The secretary cast the ballot, and Harry E. Alderson was declared elected vice-president for the ensuing year.

Councilors

First District—Lyell C. Kinney of San Diego was nominated for councilor for the First District by Paul M. Carrington, San Diego. On motion of P. T. Phillips, Santa Cruz, seconded by Victor G. Vecki, San Francisco, the nominations were closed. The secretary cast the ballot, and Lyell C. Kinney was declared elected councilor for the First District for the ensuing three years.

Third District—A. H. Wilmar of Paso Robles stated that the Third District had been unable to find a man to fill the vacancy caused by the death of the councilor from their district, William M. Stover of San Luis Obispo, and requested that the matter of filling the unexpired term of Doctor Stover be left to the Council. There being no objection, the president declared that there would be no election at this time to fill the vacancy caused by the death of the councilor from the Third District, and that the matter would be referred to the Council for action.

Councilor-at-Large—Morton R. Gibbons of San Francisco was nominated by W. Edward Chamberlain, San Francisco, for councilor-at-large. The nomination was seconded by Joseph Catton, San Francisco. On motion of William E. Stevens, San Francisco, seconded by James H. Parkinson, Sacramento, the nominations were closed. The secretary cast the ballot, and Morton R. Gibbons was declared elected councilor-at-large for the ensuing three years.

Member of Committee on Scientific Program—Joseph Catton of San Francisco was nominated by William E. Stevens, San Francisco, a member of the Committee on Scientific Program. The nomination was seconded by W. Edward Chamberlain, San Francisco. On motion of A. S. Musante, San Francisco, seconded by Harry E. Alderson, San Francisco, the nominations were closed. The secretary cast the ballot, and Joseph Catton was declared elected a member of the Committee on Scientific Program for the ensuing four years.

Delegates to the American Medical Association (two to be elected for a two-year term)—C. Van Zwalenburg of Riverside was nominated by Clarence G. Toland, Los Angeles; said nomination being seconded by Charles D. Lockwood, Pasadena.

Victor G. Vecki of San Francisco was nominated by William Duffield, Los Angeles; said nomination being seconded by A. S. Musante, San Francisco.

Albert Soiland of Los Angeles was nominated by Robert V. Day, Los Angeles.

T. C. Edwards of Salinas was nominated by Paul M. Carrington, San Diego; said nomination being seconded by Thomas O. Burger, San Diego.

Robert V. Day of Los Angeles then requested permission to withdraw the name of Albert Soiland of Los Angeles as delegate to the A. M. A. for a two-year term, as he had desired to nominate Doctor Soiland for the one-year term. There being no objection, the president declared the name of Albert Soiland withdrawn.

There being no further nominations, the president declared that, as only two delegates were to be elected for the two-year term, the House would proceed to ballot, and appointed William E. Stevens of San Francisco and W. A. Clark of Oakland as tellers. The president declared that fifty-six ballots were cast and, as only fifty-two delegates were seated when the roll was called, the secretary would again call the roll. The secretary then called the roll and fifty-nine delegates were seated, and the president announced that the former ballot would be thrown out and a new ballot taken. Fifty-eight ballots were cast as follows: T. C. Edwards of Salinas, 47; Victor G. Vecki of San Francisco, 34; C. Van Zwalenburg of Riverside, 31. The president then declared T. C. Edwards and Victor G. Vecki elected delegates to the A. M. A. for the two-year term.

(Two to be elected for a one-year term)—Albert Soiland of Los Angeles was nominated by Robert V. Day, Los Angeles.

John C. Yates of San Diego was nominated by Paul M. Carrington, San Diego.

On motion of P. T. Phillips, Santa Cruz, duly seconded, the nominations were closed. The secretary cast the ballot, and the president declared Albert Soiland of Los Angeles and John C. Yates of San Diego elected delegates to the A. M. A. for the one-year term.

Alternates to the American Medical Association (two to be elected for a two-year term)—William E. Stevens of San Francisco was nominated by Harry E. Alderson, San Francisco; said nomination being seconded by Joseph Catton, San Francisco.

C. Van Zwalenburg of Riverside was nominated by Harlan Shoemaker, Los Angeles.

On motion of George H. Kress, Los Angeles, seconded by Clarence G. Toland, Los Angeles, the nominations were closed. The secretary cast the ballot, and the president declared William E. Stevens of San Francisco and C. Van Zwalenburg of Riverside elected alternates to the A. M. A. for the two-year term.

(Two to be elected for a one-year term)—Robert V. Day of Los Angeles was nominated by William Duffield, Los Angeles; said nomination being seconded by William T. McArthur, Los Angeles.

Charles D. Lockwood of Pasadena was nominated by T. C. Myers, Los Angeles.

On motion of George H. Kress, Los Angeles, seconded by Victor G. Vecki, San Francisco, the nominations were closed. The secretary cast the ballot, and the president declared Robert V. Day of Los Angeles and Charles D. Lockwood of Pasadena elected alternates to the A. M. A. for the one-year term.

Delegates to the A. M. A. with their corresponding alternates are as follows:

T. C. Edwards, Salinas, 1924 and 1925; alternate, William E. Stevens, San Francisco, 1924 and 1925.

Victor G. Vecki, San Francisco, 1924 and 1925; alternate, C. Van Zwalenburg, Riverside, 1924 and 1925.

Albert Soiland, Los Angeles, 1924; alternate, Robert V. Day, Los Angeles, 1924.

John C. Yates, San Diego, 1924; alternate, Charles D. Lockwood, Pasadena, 1924.

Report of the Reference Committee

Harlan Shoemaker, chairman of the Reference Committee, read the following report:

1. **President's Address**—The committee commends this scholarly and timely address and recommends, if possible, that it be given wide publicity.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

2. **Address of President-Elect**—The committee commends the address of the president-elect for its literary excellence and its erudition, its sound Americanism and its timeliness in a day when standards in the community, state and nation seem uncertain and when in our own profession we find our ideals less clearly perceived and less earnestly sought.

Action by the House of Delegates: On motion, duly made and seconded, the recommendation of the Reference Committee was approved.

3. **Report of the Council—Doctor B. F. Keene**—The committee recommends that the report of the committee of the Council in the matter of the grave of our first president be adopted and that the Council be instructed to put it into effect.

The Journal—Recommends that the society express its gratification in the constant improvement of the Journal and, while congratulating the editor upon the success already attained, records its approval of his policy in its editorial conduct.

Optional Medical Defense—Recommends that members seriously consider the proposed Optional Medical Defense, so that by promptly applying for membership it can be placed upon a satisfactory basis at the earliest opportunity.

Uniform Constitution and By-Laws—Recommends that the Council take steps to ascertain the views of county societies on adoption of the proposed model constitution and by-laws.

Financial Impositions Upon the Profession—Recommends that the society approve the steps taken by the Council to lessen the financial burdens upon its members and to remedy injustices inflicted upon the profession.

Annual Assessment—Recommends that the annual assessment for 1925 be fixed at $10.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendations of the Reference Committee be approved.

4. **Report of Bunnell Memorial**—Recommends that the committee, if possible, arrange so that the memorial tablet can be dedicated in May, 1925.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

5. **Report of the Secretary**—(a) **Placement Bureau**—Recommends that physicians generally bear in mind this service so that it can be made available when occasion arises.

(b) **Finances of the Society**—Urges members when in doubt as to any matter of expenditure to visit or to correspond with the office and thus obtain direct information.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendations of the Reference Committee be approved.

6. **Report of the Editor**—Congratulates the editor, William E. Musgrave, upon the great improvement in the Journal. Recommends that members of the society more generally adopt the suggestion that the professional card service be fully availed of. Commends the plan of obtaining a wider discussion of all papers and urges members of the society to co-operate therewith.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendations of the Reference Committee be approved.

7. **Resolutions on Insurance**—Resolution No. 1. **Farming Out of Medical Service to Laymen.** The text of the resolution is as follows:

Whereas, Persistent reports are current that the State Compensation Insurance Fund has contracted for the medical care of injured workmen with an organization promoted and controlled by a layman and operated by him at a profit to himself, secured by a reduction of the fees regularly allowed for medical services; and

Whereas, These reports, if true, indicate a situation and a procedure which will lead to a dangerous subversion of the intent and purpose of the Workmen's Compensation Act; now, therefore be it

Resolved, That the Council of the California Medical Association be requested to investigate these reports, and that it invite the attention of the State Industrial Accident Commission and the management of the State Compensation Insurance Fund to the fact that the said State Compensation Insurance Fund, by virtue of its prestige as a state institution and the vast business which it controls, does, in effect, set the standard of industrial medical service in California, and that such a degradation of standards as is implied in any farming out to lay contractors, for profit, of the medical care of the industrially injured, can not result otherwise than in wrong and hardship to injured workingmen.

Resolution No. 2. **Physicians' and Surgeons' Panel for Industrial Accident Work.** The text of the resolution is as follows:

Whereas, An effort has already been made by the California Medical Association to devise a panel of physicians and surgeons to do industrial accident work; and

Whereas, The effort has not been successful, partly because of the difficulties of selecting the members to compose such panel; therefore be it

Resolved, That the Council of the California Medical Association renew its effort to devise such a panel by means of a questionnaire which shall require physicians and surgeons desiring to engage in industrial accident work to state their own qualifications, and to pledge themselves to abide by the standards set by the California Medical Association; and further be it

Resolved, That the Council of the California Medical Association appoint a suitable committee whose duties shall embrace, one, the devising of such a panel; two, the management of such machinery as may be required to administer such rules as are provided to govern industrial accident work; and three, the affixing of penalties for violation of such rules; and further be it

Resolved, That all regularly licensed physicians and surgeons in California be given opportunity to file answers to the questionnaire.

Copy of a suggested questionnaire is herewith submitted.

1. Name. Address. Age.
2. Graduate of what medical school? Year.
3. Specialty?
4. Experience in Industrial Surgery and Medicine. Where?
5. Associations in Industrial Accident Medicine and Surgery?
6. Contact with what Hospitals?
7. If accepted on the panel of the Industrial Accident Surgeons, do you pledge yourself to abide by the code of ethics of the American Medical Association, as published in Journal (date)?
8. Do you pledge yourself to abide by the fee schedule of the Industrial Accident Commission, and California Medical Association?
9. Do you pledge yourself to refrain from over-

charge, and over treatment for purposes of augmenting your bills?

10. Will you abide by the intent of the Resolutions (before the House of Delegates 1924) relating to Industrial Accident Medical and Surgery?
11. Do you agree to submit to adjustment of misunderstandings between yourself and Insurance Company, employer, or other physicians in matters not within the jurisdiction of the Industrial Accident Commission, by the Committee provided by the California Medical Association for such purpose?
12. Do you agree to abide by decisions of such Committee?
13. For recent graduates—
    (a) What clinical experience?
    (b) What hospital experience?
    (c) What affiliation with Industrial Accident surgeons? Give names.
    (d) Do you intend to pay considerable attention to industrial medicine and surgery?

Note—Penalties for violation shall be provided by the authorities of the California Medical Association.

Weight of each answer?

Society membership not recorded, nor required.

Resolution No. 3. **Dealers in Cut-Rate Industrial Contract Practice.** The text of the resolution is as follows:

Whereas, Certain dealers in cut-rate contract practice, in the field of industrial medicine, have been able to build up their business and to enjoy a considerable prestige, by reason of the fact that they openly boast that they retain the services of certain well-known specialists to care for cases of serious injury; and

Whereas, The activities of such dealers in contract practice are inimical to proper standards of all medical practice and, particularly, a menace to the general practitioner, taking away large numbers of his patients and substituting for the services of such general practitioner an impersonal, perfunctory, routine service, to the detriment of both the patient so taken and the general practitioner; and

Whereas, It is largely by reference of cases from general practitioners that the clientele of every specialist is built up; now, therefore be it

Resolved, That the (society or section) go on record condemning the acts of specialists who accept cases upon any terms, basis of compensation, salary or fee, from dealers in contract practice, be such dealers doctors or laymen, who take their profit by retaining a portion of the established fee of the doctor who actually renders service, or from moneys ostensibly collected for the specific purpose of paying for medical service; be it further

Resolved, That acceptance of cases from such dealers is, in effect, a most pernicious form of fee splitting and should be held good and sufficient cause for dropping the name of the specialist who continues to serve patients, referred by such dealers from the membership roll of any reputable medical organization; be it further

Resolved, (1) That the necessary steps be taken by the officers of (section or society) to give to each and every member of (section or society) the opportunity to endorse with his signature a copy of the above resolutions; (2) that a copy of the above resolutions, with signatures of all who have endorsed them appended, be published in California and Western Medicine as soon as a reasonable opportunity has been given for the specialists concerned to sign such resolutions.

Resolution No. 4. **Ethical Standing of Physicians Employed by Lay Organizations Practicing Medicine for Profit.** The text of the resolution is as follows:

The following resolution was passed by the Council of the Los Angeles County Medical Association on December 17, 1923:

"Lay organizations practicing medicine are not insurance companies. The Council considers that any member of the Los Angeles County Medical Association who works for such an organization, practicing medicine for profit, is guilty of unethical conduct. Railroads are not exploiting the medical profession; they are not soliciting and are not holding out that they have a better service than can be gotten elsewhere, and are not practicing medicine for profit."

Resolved, That the House of Delegates of the California Medical Association endorse the above resolution of the Los Angeles County Medical Association, and that it is also understood that lay organizations that attempt to conduct clinical laboratories, radiological laboratories, and services to the sick which require experienced medical direction, are hereby included within the terms of the resolution.

Action by the Reference Committee: The committee having gone over the various resolutions and matter in connection therewith, upon which some of these are based, and having attended the open meeting of the Section on Industrial Medicine and Surgery, and subsequently further discussed these questions with members interested therein, has decided that all this material had best be referred to the Council for consideration and action, and so recommends.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

8. **Resolution of Appreciation to the Press.**

Action by the Reference Committee: The committee recommends the adoption of the following resolution:

Resolved, That the California Medical Association hereby expresses its thanks to the press of Los Angeles for the splendid publicity given to the important work of the convention and to Mr. Celestine J. Sullivan for his services as director of publicity.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the resolution submitted by the Reference Committee be adopted.

9. **Resolution of Appreciation to the Los Angeles Biltmore.**

Action by the Reference Committee: The committee recommends the adoption of the following resolution:

Resolved, That the California Medical Association hereby records its appreciation of the facilities afforded us at this meeting and the courtesies extended our membership.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the resolution submitted by the Reference Committee be adopted.

On motion of Harlan Shoemaker, Los Angeles, seconded by James H. Parkinson, Sacramento, the report of the Reference Committee as a whole was unanimously adopted.

Resolution of Appreciation to the Profession of Los Angeles—James H. Parkinson, Sacramento, submitted the following resolution:

Resolved, That the visiting members desire to express their sincere appreciation of the magnificent hospitality and many courtesies extended them by the profession of Los Angeles.

Action by the House of Delegates: On motion of Parkinson, Sacramento, seconded by Victor G. Vecki, San Francisco, the resolution of appreciation to the profession of Los Angeles was unanimously adopted.

Presentation of the President—The president appointed James H. Parkinson, Sacramento, and George H. Kress, Los Angeles, to escort the incoming president, Granville MacGowan of Los Angeles, to the chair. Doctor Kress announced that Doctor MacGowan was not present, and requested that he be formally presented at the General Session tomorrow morning.

Presentation of the President-Elect—Edward N. Ewer of Oakland, president-elect, was escorted to the platform by Doctors Parkinson and Kress, and expressed his appreciation of the honor conferred upon him.

Adoption of Minutes—The minutes of this session were read and, on motion of James H. Parkinson, Sacramento, seconded by George H. Kress, Los Angeles, were unanimously approved.

Adjournment—There being no further business before the House, the meeting adjourned to meet in Yosemite at a time to be fixed by the Council.

BOARD OF MEDICAL EXAMINERS

Interesting Data Supplied by C. B. Pinkham, Secretary Board of Medical Examiners—Abstracts from their correspondence that are in each instance self-explanatory.

Communication from Special Agent Carter to Board of Medical Examiners relating to itinerant optometrists traveling about the country and swindling the unsophisticated:

"We enclose herewith a copy of a report made to us by Mr. A. M. Storch, showing the method by which two clever swindlers have reaped a harvest in California for the past two or three years.

"It is practically impossible to apprehend these two men, as they travel by automobile, pull off a job in one section, and the next day are in some other county, hundreds of miles away. We never hear of them until after they have performed some fake eye operation (usually upon some farmer in the country districts), and have moved on.

"Recently, they obtained $300 from Maxim Smith, an elderly farmer of Richfield, Orange County, Calif., who obtained a warrant for their arrest. Sheriff Sam Jernigan of Orange County holds the warrant, but is unable to locate them.

"They have various schemes for locating their victims. The one used in most cases is to call at some farm house in the country, and one of them who poses as an optician or oculist makes inquiry regarding the address of Mr. or Mrs. ——, an elderly man or woman who has some kind of eye trouble, usually stating that he has a pair of glasses to deliver to this person and has just lost the slip bearing patient's name and address. In this manner he usually obtains the names of anyone suffering from eye trouble. He then visits the one who appears to be the most prosperous, and usually makes some inquiry, casually noticing that he or she has eye trouble, and mentioning that he has with him 'Dr. Pierce,' or some other famous eye specialist, usually of St. Francis Institute, San Francisco, and that Dr. Pierce just happens to be making the trip with him for the ride, etc., and is not practicing, that he has no license to practice in this county, but that if patient wishes him to do so perhaps 'Dr. Pierce' will make an examination. 'Dr. Pierce' is then called in, bringing with him an imposing array of instruments, examines the patient's eyes, and solemnly tells him that he will be stone blind within six months. By this time the patient is usually in the mood to beg the great 'specialist' to do something for him, and finally the 'specialist' is persuaded to perform an operation—just for humanity's sake—provided, of course, that patient will say absolutely nothing about it to anyone, as he has no license and doesn't want to get into trouble. He will, of course, not charge anything, except for the "radium" or medicines used. He then puts something in the patient's eye, shows him a white foam, or something that he claims has been removed from the eye, and tells him the operation has been a great success. Then 'Dr. Pierce' figures up so much for radium, so much for medicine, etc., and the amount is usually several hundred dollars, which the poor dupe, in his gratitude to the great 'specialist' for saving him from total blindness, pays at once.

"Various names are used by these two swindlers, but in almost every case one of them poses as an oculist or optometrist and the other as an eye, ear, nose and throat specialist, sometimes from St. Francis Institute, San Francisco, and at other times from hospitals in Chicago and various other places.

"During the past three years we have made many attempts to apprehend these clever swindlers, and in one instance we reached the bank a few minutes after they had appeared to cash a check secured from an old farmer at Calabasas for a 'radium' operation.

"Perhaps if this were given publicity through the medical and other journals, it might eventually lead to the capture of these two men."

Statement of Mr. Storch regarding his parents' experience with the itinerant optometrists:

"On April 18, 1924, Mr. A. M. Storch of 1406 La Prada Park, Los Angeles, Calif., called at our office and gave the following report regarding the experiences of his father and mother with fake eye doctors who travel about the country in a blue Buick automobile.

"'In the early part of February, three men in an automobile came to the home of my father and mother, Mr. P. H. Storch and Mrs. Eliza A. Storch, who live at Oceanside, Calif. (on Washington street just east of the ball grounds). Two of the men came into the house, while the other waited in the machine. They said that they were doctors and had charge of a hospital in St. Louis; that they were here just for the winter, that they didn't have any license to practice and weren't doing any regular practice, but just running around and doing what little good they could. They said they had heard that mother's eyes were diseased, and said they could cure her for the price of the medicine only.

"'They took a syringe of some description and made two injections of some kind of fluid into the eye, and then removed from the eye something resembling the pulp of a grape. Then this alleged doctor said, "There it is! That is it! Now you are fixed." He then sat down and began to figure, and when he got through figuring he said the bill was just the cost of the medicine, which was $837; that the medicine had radium in it. He refused to take payment in the form of a check, and my father got cash and paid him the money. They said that on account of their not being licensed to practice here, for father and mother not to mention this to anyone at any time. The folks promised they wouldn't.

"'About ten days or two weeks later, two other men came to the home there at Oceanside, one of them coming into the house and the other waiting in the machine. The one who came into the house inquired as to father's name and the fact of my mother's having had a treatment given her eye, and when my father said the facts were true, this man said he had something very serious to tell him; that the doctor who had performed that operation had been killed in an automobile accident, and that on his dying bed, being worried by the fact that he didn't know whether this operation had been successful or not, he had charged this fellow particularly to go and see my mother, and if the operation had not been successful the money would be returned to her. He then looked at my mother's eye and said that the operation had not been successful, that my mother would get the money, $800, returned to her; that he would cure her for $500. By my father wouldn't have anything to do with it, and that being more money than my mother had, the man agreed to perform the operation for $250. He went through some alleged operation similar to the former one, said it was all right now, and took the check for $250, which was later cashed at the bank.'

"Mr. Storch told of a similar case, which occurred last April, 1922, when these men came to a woman who had been doctoring at Oceanside without obtaining relief, and performed an operation on her eyes. Mr. Storch said:

"'I think it was $1400 she paid them the first time. They came back in November, 1922, and had the same story regarding the man killed in an auto accident and money waiting in escrow, waiting for his affidavit if she had not been cured. He charged her $900 for the second operation. She went to the bank at Oceanside for the money, and information can probably be obtained from the bank at Oceanside as to the woman's name, etc.'"

Letter to Journal of National Association of Chiropodists relating to two recent deaths in California alleged to have resulted from improper treatment by unlicensed chiropodists:

"We are wondering whether or not you would be

interested in learning that recently there have been two deaths in California, which have been attributed to careless treatment by unlicensed chiropodists.

"Roy Finney, operating 'a flashily advertised chiropody parlor at 421-A South Main street, Los Angeles,' was alleged in January to have treated a Mr. W. C. Bowman, who wandered into Finney's place. Finney was alleged to have put Bowman's feet into an electric baking apparatus, thereafter rubbing on a salve, and the patient is reported never to have walked again, gangrene having developed and the foot amputated; later the other foot was amputated, and the patient died.

"Finney was found guilty of violation of the Medical Practice Act on the seventeenth day of April, 1924, and sentenced to pay a fine of $200 or in lieu thereof serve 180 days in the city jail of Los Angeles, from which judgment defendant gave notice of appeal.

"The other case just reported is that of Ed E. Collins, an unlicensed itinerant chiropodist, who recently removed a corn from the foot of Frank C. Counlon. 'A short time after the operation, blood poisoning set in, Dr. P. F. Page was called, and took charge of the case, but the patient got worse and died April 9. Dr. Page says he died as the result of the operation performed by Collins.' Collins has disappeared, and cannot be located.

"The above is a strong argument in favor of employing only licensed chiropodists, and is submitted to you for whatever interest may be attached thereto."

Notes on the question of repealing the provision for the annual tax, by C. B. Pinkham, secretary Board of Medical Examiners:

Our attention has been called to the editorial on page 114 of the March, 1924, issue of California and Western Medicine, wherein suggestion is made that the League for the Conservation of Public Health introduce legislation to repeal the annual tax.

It is our impression that such an action would be shortsighted policy for the following reasons:

We believe that the $2 annual tax paid by those who are licensed to practice in the State of California is not particularly burdensome financially and it does afford a means whereby an absolutely accurate check is kept on those who are legally entitled to practice medicine, being of vast assistance to the federal authorities in the enforcement of the Harrison Narcotic Act, as well as other agencies both of the federal and state government.

Harking back to the time when the undersigned was appointed secretary of the Board of Medical Examiners in February, 1913, we recall the chaotic state which presented itself, for there was no available record to determine who of the many thousand licentiates of the State of California were dead, nor to accurately determine who were legally practicing. The Board of Medical Examiners did not publish a directory; however, such a volume was distributed by the medical society to its members and the volume contained names of individuals who were not licensed to practice medicine in the State of California. The volume had no particular standing legally in that it was not an official state publication.

Since the "diploma mill" scandal was presented to the public in October, 1923, many states have determined the value of an annual registration and legislation to that effect has been agitated.

The State of New York and the State of Illinois are fair samples of the chaotic condition incident to having no accurate check on licentiates.

There is now pending before the legislature of the State of New York legislation tending to correct this evil. U. S. Senator Copeland, former health commissioner of New York, is one of the strong proponents of the annual tax or annual registration feature, claiming that it is the only method whereby accurate check can be kept on those who are legally entitled to practice and those who are practicing without authority.

The provisions of Section 3 read in part as follows:

"The receipts of the said annual tax referred to herein shall be paid into the Contingent Fund of the Board of Medical Examiners of California and after the expenses of issuing said directory have been paid, in the event that there shall be a surplus of such funds, the board may from time to time in its discretion apply said surplus for **any other expenses** incurred by the board under the provisions of this act."

Referring to page 231 of the Directory of 1923 you will note the income from the annual tax was $17,071.02 and on page 232 you will note that the directory expenditures amounted to $6,356.60, leaving a balance of $10,714.42, which heretofore has been expended for investigation and enforcement.

Our investigation departments, both north and south, are functioning very satisfactorily and we are receiving cordial support from the district attorneys in the various counties; hence we believe that our report for the year 1924 will show commendable activities.

If a tax of $2 proves financially burdensome, may we suggest that a reduction be made, rather than that the statute be repealed?

Letter to P. D. Doucett, Aberdeen, Wash., regarding the "Therapeutic Sunbeam—Kendall System":

"We have your written statement that you are qualified as a therapist, using the 'Therapeutic Sunbeam—Kendall System,' and we must confess this is a new one to add to our list of over thirty-seven varieties of drugless practice.

"It is with interest that we read your pronunciamento of this 'therapeutic sunbeam' system, which reads as follows:

" 'Therapeutic Sunbeam, with a shot from the tips of the fingers into the pulse—Opens the main artery. Gives a free circulation of the blood. A test and a perfect setting of the sexual organs. Leads to the main simple of the head that lies in Pearly with the brains. A medical treatment as well with personnel right. Capacity at 13,000. Direct therapeutic massage in a manipulation of the joints. The movement includes punching, rubbing or friction. Children a specialty. Experience since 1903 under this one theory.' (Signed) P. D. Doucett, Specialist.

"If we have not correctly quoted your letter, please advise us at once and also inform us whether you are licensed to practice in the State of Washington; if so, the kind of license you hold and whether you have had any institutional training or have you yourself developed this system as outlined above."

Communication to Special Agent Carter from C. B. Pinkham, secretary Board of Medical Examiners, regarding case of Arthur R. Timme, M. D.:

"We are quite interested in your report that Arthur R. Timme, recently arrested in Los Angeles charged with violation of the State Poison Act, is said to have prescribed more than 10,000 grains of morphine per month for the last two years.

In view of your statement that Arthur R. Timme would fill out narcotic prescriptions for patients or addicts and leave them with the office girl, Miss O'Brien, and that when a patient came in for a prescription and wanted a 'hypo' needle, Miss O'Brien would add 'one' hypo needle to the prescription, it is our impression that this procedure on the part of Miss O'Brien lays her liable to prosecution for violation of the Medical Practice Act, and we wish you would suggest the matter to Dr. Campbell, legal committeeman in Los Angeles, with the idea of filing a complaint charging Miss O'Brien with violation of Section 17, provided, of course, you have sufficient evidence.

"We hold that Miss O'Brien would have no more authority to add a hypodermic needle to the doctor's prescription than she would to add some drug to a prescription already written by Dr. Timme. However, the courts may not agree with this interpretation, but it would be well to take some action to discourage any such procedure on the part of office nurses."

COUNTY NEWS

Two Counties 100 Per Cent in Paid-up Dues—It is with pleasure we announce that San Mateo County Medical Society and Sonoma County Medical Society have no delinquent members, but every member is fully paid up for this year, a record to be proud of.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline Nusbaumer, secretary)—The Alameda County Hospital staff presented the program as arranged by L. P. Adams at the regular monthly meeting of the Alameda County Medical Association.

"The Bond Issue for the Completion of the Highland Hospital," by R. G. Broderick.

Case Reports—Diffuse carcinoma of the liver, by Q. O. Gilbert. Epilepsy due to pollen allergy, by A. H. Rowe. Peculiar cartilage lesion in the heel analogous to Perthe's disease in the hip, by F. J. Carlson.

Papers—"The Sliding Hernia—Report of Cases," by F. H. Bowles. "Methods and Results in Partial Gastrectomies," by Dexter N. Richards. "Observations on the Effect of Posture in Some Types of Low Back Pain," by Harold H. Hitchcock. "The Use of Mercurochrome and Gentian Violet in the Treatment of Infections," by Gertrude Moore.

These subjects provoked a general discussion, M. L. Emerson, S. H. Buteau. Q. O. Gilbert, N. A. Cary, R. G. Van Nuys, taking part. The attendance was good, and the refreshments aided the enjoyment of good fellowship.

Rat-bite fever by William Mills, and the use of radium in uterine fibroid by William H. Sargent, were the subjects discussed at the monthly meeting of the Merritt Hospital staff, held May 5 at 8:15 p. m.

Since the beginning of 1924 a program of mental hygiene for children has been undertaken in the Oakland-Berkeley district. Three clinics are now under way—at the Oakland Health Center, the Oakland Baby Hospital, and at the Berkeley Dispensary. The clinic at the Baby Hospital is a "Habit Clinic" fashioned on the lines of the Thom clinics in Massachusetts, while the other two clinics are child guidance clinics, dealing with juvenile court cases, school cases, conduct problems, mental deficiency, etc.

The work at the Oakland Health Center is carried on under V. H. Podstata and Sydney Smith, while the work of the other two clinics is directed by Smith. Uniform records are kept in the three clinics. A medical psychologist and a social service worker are included in each clinic.

In addition to the actual clinic work, a fairly comprehensive program of education is being outlined and carried out, including talks on mental hygiene to visiting nurses, teacher-parent associations, and club groups.

The regular monthly meeting of the general staff of Fabiola Hospital was held at the hospital April 29. The attendance was large.

The bond issue for the new Highland Hospital was discussed and a liberal donation was made by the staff to defray the campaign expenses.

Mrs. J. P. H. Dunn, president of the Fabiola Hospital Association, requested the staff to lend their moral as well as financial support to the new Peralta Hospital Association, or any other hospital enterprise of like merit.

The program for the evening was as follows:

"Physical Signs Produced by Foreign Bodies in the Bronchial Tubes," by Clifford D. Sweet; discussed by F. M. Shook, E. A. Majors, George McClure and O. R. Etter. "An Unusual Infection in Mastoiditis," by F. M. Shook; discussed by George McClure and Roderick O'Connor. "Oral Sepsis," by W. E. Rideout; discussed by C. D. Sweet and W. R. Bell. "Lethargic Encephalitis," by H. D. Bell; discussed by A. H. Rowe, E. W. Goodman, R. L. Richards, and Daniel Crosby.

At the monthly meeting of the Alameda County Hospital staff, the evening was devoted to the discussion of house cases and proved very instructive.

Providence Hospital staff omitted its meeting, on account of date conflicting with meeting of the state association.

Bonds for completion of Highland Hospital carried, making it possible to complete the hospital within two years.

CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by L. St. John Hely, secretary)—The regular monthly meeting of the society was held at the residence of the superintendent of the County Hospital at Martinez on Saturday, April 26.

The lecture by Albert H. Rowe of Oakland was confined to asthma and hay fever and the causes and cure. A free discussion followed by many of the members. It was demonstrated that many of the common skin diseases, such as eczema, were caused by certain foods acting as poisons on this particular individual; when that particular food was withdrawn from the diet the disease immediately disappeared. In nearly all these cases individuals can be immunized and return to this food element. Tests are made to find which food or vegetable pollen is causing an asthma, then they are vaccinated (so-called) against this poison, thus removing the effect of the particular poison. The lecture was very exhaustive and enjoyed by the members. A dainty lunch was served by the hostess. The following members were present: George W. Sweetser, E. Merrithew, Hall Vestal, C. R. Leech, Denninger-Keser, J. Emmett Clark, E. B. Fitzpatrick, John Beard, F. Lisle Horne, H. L. Carpenter, L. St. John Hely, S. H. Marks, Wise, L. A. Clary, Clara Spalding, J. B. Spalding.

FRESNO COUNTY

Fresno County Medical Society (reported by T. Floyd Bell, secretary)—The regular meeting of the Fresno County Medical Society was held at the Hotel Fresno on May 6. A banquet preceded the meeting. Members present were as follows: Aller, Anderson, Barrett, Bell, Binkley, Broemser, Collins, Couey, Cross, Craycroft, Drake, Dearborn, Ehlers, Ellsworth, Hare, Jamgotchian, Kjaerbye, Konigmacher, Lamkin, Larson, G. L. Long, Luckie, Madden, Manson, Maupin, Miller, Montgomery, Mordoff, Morgan, Milholland, McConnell, McPheeters, Newton, Nedry, Peterson, Pettis, Pomeroy, Rosson, Schottstaedt, Sheldon, Staniford, Stein, Scorboro, Thompson, Tillman, Tobin, Vanderburgh, J. R. Walker, G. W. Walker, Wiese, and Willson.

Visitors—Brunn, Kruse, Seligman, H. O. Collins, Betts, Preston, and Calahan.

Fred H. Kruse, of the University of California Medical School, presented a very interesting paper on "Peptic Ulcer from the Medical Standpoint." He gathered together in his paper the essential points in regard to the disease and gave an excellent summary of the subject. He considered etiology from the standpoint of the two great schools of thought. He enumerated the conditions which required surgical intervention. The treatment he took up also according to the two schools of thought, Sippy and Smithies, the former using alkaline treatment, and the latter rest and cutting down of the secretions of the stomach. He discussed alkalosis in relation to the alkaline treatment.

Harold Brunn, also of the University of California Medical School, spoke on the surgical aspect of peptic ulcer. As to etiology, he said that there is much that is not known about peptic ulcers. Focal infection is a very important part and must be removed to get a permanent cure. Each case must be considered individually, either medically or surgically. The type of operation done should be determined at the operating table. In speaking of the surgical indications, he said that gastroenterostomy was taking a second place in the surgical care of peptic ulcer. Cauterization is better than excision in small ulcers. Large ones should

be excised with resection of the stomach. Duodenal ulcers are best treated by the Finney or Horseley operation, the latter being very good. The cases of perforating ulcers seen at the San Francisco Hospital can be divided into two classes: (1) those with an old history, and (2) those coming on suddenly with great pain and shock without any previous digestive disturbances. The latter are probably embolic and the perforation leaves a clean hole in the wall of the gut.

Brunn also presented the subject of diverticulitis before the staff of the General Hospital at noon on May 6. He had pathological specimens and x-rays to illustrate his paper, besides having several histories of such cases. This was a very instructive talk, as few of the staff had ever seen many cases.

KERN COUNTY

Kern County Medical Society (reported by H. W. Moore, secretary)—The regular meeting was held at the Kern County Hospital the evening of April 17, President P. J. Cuneo presiding. Thirteen members present.

Ellis Jones and Ross Sutherland, of Los Angeles, visitors.

Moore, Rogers, and Veon were instructed to formulate an obituary to the memory of S. F. Smith, who died at Bakersfield April 13, 1924.

Ellis Jones gave a talk on "Practical Problems of Orthopedic Surgery," supplemented by lantern slides. He brought out and discussed clubfoot, congenital dislocation of the hip, arthoplastics, bone inlays, Perthes' disease, arthritis, and many other orthopedic problems.

MARIN COUNTY

Marin County Medical Society (reported by J. H. Kuser, secretary)—The society met on April 24 at the office of W. Jones in San Rafael, with the following members present: Clark, Dufficy, Furlong, Hund, Jones, Landrock, Kuser, Mays, Larson. The guest of the evening was Ellen Stadtmuller, who requested the interest of the members in the examination of children in the pre-school age.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—This society met May 6 at San Bernardino County Hospital, with twenty-three present, fifty-three absent, and ten guests. The program was as follows:

"Indications and Contra-indications for Caesarean Section," by Titian Coffey of Los Angeles. "Classical Caesarean Section; Technique and After Care," by Peter O. Sundin of Los Angeles. "Low Cervical Caesarean Section; Technique and After Care" (with Lantern Slides), by John Vruwink of Los Angeles; discussion will take place after all three papers have been read and will be opened by W. A. George.

Luncheon at 10:30.

This program was given at a joint meeting of the Los Angeles County Medical Society with the Obstetrical Section in Los Angeles at their last meeting, and we are indebted to that society for its repetition.

The appeals of the secretary for assistance in enrolling new members have at last reached one man. J. B. Craig of Ontario forwarded the names of seven possible applicants. Perhaps you cannot send as many, but you can try and your efforts would be appreciated.

Loma Linda Sanitarium and Hospital Accredited—Under date of May 13 the Council on Medical Education and Hospitals of the American Medical Association advise that they have placed the Loma Linda Sanitarium and Hospital, Loma Linda, California, on the list of accredited hospitals of California. It is always a pleasure to physicians, and would be to the general public had they full appreciation of what it all means, to see one hospital after another advance its work to a plane where it is carried throughout the world as an accredited agency of scientific medicine.

SAN DIEGO COUNTY

San Diego County Notes (reported by Robert Pollock)—A liberal delegation of San Diego County Society members attended the state meeting in Los Angeles, several of whom were represented on the scientific programs.

A scientific program of high order was expressed before the monthly meeting of the Naval Hospital staff April 26, when Ellis Jones of Los Angeles read an excellent paper on orthopedics, and Arthur E. Smith, also of Los Angeles, read a comprehensive and thoughtful paper on "Diagnosis and Treatment of Oral Pathologic Conditions." These monthly gatherings at the Naval Hospital in Balboa Park are greatly appreciated by the members of the County Medical Society, who are always extended the courtesy of an invitation by Captain Wieber. Not only are the papers presented of a high order by men of authority from outside cities, but the sociability, coupled with the serving of light refreshments, tend to add materially to the enjoyment of the evening.

At the regular meeting of the county society of April 22 C. E. Howard presented an excellent paper on the differential diagnosis between biliary tract infections and peptic ulcer. This very important diagnostic field was carefully mapped out and classified into its various phases. The discussion taken up from the x-ray standpoint, that of the medical and the surgical diagnosis, respectively, was entered into by Kinney, Pollock, and Burger.

The bulletin of the San Diego County Medical Society, in its May 9 number, presented a survey of the available hospital beds in and about San Diego, tending to show the city's present inadequacy in this matter. It behooves all cities to take an occasional inventory of their ability to take care of their citizens needing hospitalization, and to consider their fullest capacity if suddenly confronted by serious epidemic.

SAN FRANCISCO COUNTY

Proceedings of the San Francisco County Medical Society (reported by J. H. Woolsey, secretary)—During the month of April, 1924, the following meetings were held:

Tuesday, April 1—Section on Medicine—Some phases of the work of the Council of Pharmacy and Chemistry, by Felix Lengfeld. The rationale of hexamethyleneamine therapy, by P. J. Hanzlik.

Tuesday, April 8—General Meeting—The present status of hoof and mouth disease as it affects San Francisco, by William C. Hassler. The importance of biochemical research to clinical medicine, by Carl L. A. Schmidt.

Tuesday, April 15—Section on Industrial Medicine—The doctor under the compensation law, by Mr. D. W. Burbank. Some problems in compensation practice, by M. R. Gibbons. The doctor in industrial medicine, by E. F. Glaser.

Tuesday, April 22—Section on Eye, Ear, Nose, and Throat—Clinical meeting at the University of California Hospital.

Tuesday, April 29—Section on Urology—Gonorrhea and responsibility, by Melville Silverberg. Experimental hydronephrosis, by Frank Hinman and A. B. Hepler.

Franklin Hospital (reported by Ewald H. Angerman, secretary)—The regular monthly meeting of the Franklin Hospital Clinical Society was held Monday, April 28, at the hospital, J. Wilson Shiels presiding. An interesting and varied program was presented by the following:

Demonstration of an unusual case of septicemia and pyemia, following a slight trauma in an apparently robust adult, by Alfred Roncovieri. An atypical case of syphilis, chiefly involving the mediastinal contents, by J. Wilson Shiels. Two unusual cases of fracture of the femur, by Conrad Weil. A Case of recurrent formation of ureteral calculi, by George W. Hartman. Selected pathological specimens, both

gross and microscopic, of the skin, intestine, and uterus, by Carl Werner.

The numerous discussions that followed this program gave evidence that the evening spent was decidedly educational.

St. Luke's Hospital Clinical Club (reported by H. H. Johnson)—At the meeting held on May 6 Z. E. Bolin spoke on "What We Know of Blood Chemistry," stating that chemistry in medicine does not deal with what was formerly called physiologic chemistry, but takes in with it at the present day every branch of chemistry and with it more or less of physics. It would be hard, if not impossible, to think of an organ or system the diagnoses of the disorders of which are not aided by blood chemistry. It is used in diseases of the lungs, the stomach, the liver, the thyroid, the kidneys; in organic neurological conditions; in tests to determine the operability of patients from the standpoint of kidney function; in acidosis; in the estimation of coagulation time of blood, and determination of the onset of uremia. It is used by internists, obstetricians, and dermatologists. Many and varied tests have been evolved by the laboratory man; however, it is the interpretation that counts. There is absolute need for co-operation between the pathologist and clinician, and in this interpretation and its practical application the greatest progress in the next few years will be made.

Many tests and their practical application were given in detail, and the use of the resources of blood chemistry in its methods of diagnosis and prognosis was strongly urged.

St. Joseph's Hospital Staff Active (reported by Sister M. Sylvia, superior)—Hartley F. Peart, general counsel for the California Medical Association, spoke on "Specific Obligations of Physicians Under the Law" before St. Joseph's Hospital staff, of San Francisco, on May 21. He prophesied an increase of laws and regulations. Under licensure, proper conduct is demanded and derelicts, such as those guilty of criminal abortions, improper return of reportable matters and unethical behavior, are subject to revocation. Federal obligations deal with alcoholic and narcotic prescriptions, the former being limited as a remedy, except under "grave emergency." Orders for either are not refillable. The state poison law restricts the use of narcotics also, except for incurables, if the pharmacy board is notified. The Sheppard-Towner act makes it a duty to report all pregnancies, but the consent of patients should be obtained, so that there will be no liability for divulging confidential information. The general requirement is that a practitioner should use the skill and care exercised by the average of the same school in the locality. No guarantee of cure or prevention of suffering is contemplated by law. Consent for an operation is required.

Captain Duncan Matheson talked on "Local Regulations Affecting Doctors." He also regretted the increasing of legal enactments. An appeal for the co-operation of physicians in all lesions which are self-inflicted or caused by others was made. Dying statements should be made early, as also identification of accused by victim. In poisonings, preserve all evidence. Report lost certificates of practice.

G. W. Pierce illustrated "Plastic Surgery" with lantern slides and patients. Tubular grafts and epithelial inlays are used. Operations for keloids, scars, saddle nose, hare lip, and rhinophyma were shown, as well as transplantation of rib cartilage. Andrew Nagy reported a case of intussusception.

The program for June 11 follows: "Modern Management of Labor Cases," by A. B. Spalding, and "Operations in Obstetrics," by Reginald Knight Smith.

YUBA-SUTTER COUNTIES

Yuba-Sutter Counties Medical Society (reported by A. L. Miller, secretary)—Election of officers of the Yuba-Sutter Counties Medical Society for the coming year resulted as follows: John Duncan, Marysville, president; R. G. Scribner, Hammonton, secretary.

Utah State Medical Association

J. R. MORRELL, M. D., Ogden - - President
WILLIAM L. RICH, M. D., Salt Lake - Secretary
W. R. CALDERWOOD, M. D., Associate Editor for Utah

PROGRAM THIRTIETH ANNUAL MEETING OF THE UTAH STATE MEDICAL ASSOCIATION, LOGAN, JUNE 19-20-21, 1924.

One can ill afford to miss a single paper on this most excellent program, as they are all written by men who come from the largest clinics in the United States and rank among the most eminent men in their fields in America.

In order that we may get their best thoughts and that no time may be wasted, the Program Committee has decided to eliminate discussions, except at the request of the president. However, the free asking of questions, if they come within the time allotted to the paper, is encouraged.

Meetings will be held in the Agricultural Engineering Building at the Agricultural College, where members will register.

The Council will meet at 9:30 a. m., Thursday, and daily thereafter. The House of Delegates at 10 a. m., Thursday, June 19, and at 8 a. m., Friday, June 20, at the Agricultural College.

Cafeteria luncheon will be served daily at the Agricultural College during the session.

Papers and addresses delivered at this meeting shall be the property of the association, and shall be handed to the secretary as soon as read.

The visiting ladies will be entertained by the ladies of Logan, as follows:

Luncheon at the Blue Bird followed by cards at 7:30 p. m., Thursday.

Mrs. Joseph R. Morrell's reception, 3 to 6 p. m., Friday.

Valley drive and basket lunch at Agricultural College campus Saturday noon.

The Committee on Post-graduate Work are now active and are preparing a course in post-graduate work for this fall, and the present plan contemplates courses in both surgery and medicine.

Officers

President, Joseph R. Morrell, Ogden; president-elect, Sol G. Kahn, Salt Lake City; first vice-president, L. B. Laker (deceased), Eureka; second vice-president, Homer E. Rich, Vernal; secretary, William L. Rich, Salt Lake City; treasurer, F. L. Peterson, Salt Lake City; councilors, R. R. Hampton (1924) Second District, Salt Lake City; E. G. Hughes (1925), Third District, Provo; W. L. Smith (1924), First District, Brigham City; delegate to A. M. A., E. M. Neher, Salt Lake City, 1924; alternate delegate to A. M. A., A. C. Behle, Salt Lake City, 1924.

Standing Committees

Scientific Work—Clarence Snow, chairman; M. M. Critchlow, vice-chairman; Ernest Van Cott, William L. Rich (secretary).

Public Policy and Legislation—John Z. Brown, chairman; D. C. Budge, F. A. Goeltz, J. R. Morrell (president); William L. Rich (secretary).

Arrangements—D. C. Budge, chairman; T. B. Budge, P. W. Eliason.

Special Committees

Education and Post-graduate Work—R. O. Porter, chairman; Hyrum L. Marshall, W. R. Calderwood.

Health and Public Instruction—Eugene H. Smith 1924, chairman; Fred Dunn (1925), C. E. McDermid (1926), Willard C. Christopherson (1927), E. M. Neher (1928).

Advisory on Hospitals—Ezra C. Rich (1924), chairman; E. F. Root (1925), J. W. Aird (1926), J. W. Hayward (1927), A. C. Behle (1928).

Industrial Medicine—R. S. Allison, chairman; J. C.

Landenberger, chairman; T. F. H. Morton, L. F. Hummer, C. L. Sandberg.

Necrology—D. L. Barnard, chairman; J. A. Phipps.

Professional Welfare and Ethics—J. C. Landenberger, chairman; H. P. Kirtley, F. K. Bartlett, H. J. Merrill.

Medical Department University of Utah Advisory—R. R. Hampton, chairman; F. A. Goeltz, Clarence Snow, D. C. Budge, E. G. Hughes, J. W. Aird, J. C. Landenberger, E. H. Smith, E. F. Root, H. P. Kirtley, C. E. McDermid, Homer Rich, Joseph R. Morrell, Sol G. Kahn, president-elect; William L. Rich, secretary.

House of Delegates

President, Joseph R. Morrell; president-elect, Sol G. Kahn; secretary, William L. Rich; councilors, R. R. Hampton, E. G. Hughes, W. L. Smith.

Boxelder County—Odeem Luke; alternate, R. A. Pearse.

Cache Valley—D. C. Budge, W. O. Christiansen; alternates, Eugene Worley, H. R. McGee.

Carbon County—William T. Elliott; alternate, Charles Ruggeri.

Salt Lake County—(Holdovers: E. F. Root, chairman; John Z. Brown, T. A. Flood, F. A. Goeltz, F. F. Hatch, E. D. Hammond, J. P. Kerby, W. G. Schulte, J. E. Tyree.) D. L. Barnard, A. C. Behle, W. R. Calderwood, V. J. Clark, M. M. Critchlow, A. A. Kerr, H. P. Kirtley, J. C. Landenberger, E. M. Neher, C. L. Shields, F. B. Steele, W. R. Tyndale, Ernest Van Cott; alternates, T. B. Beatty, William F. Beer, Clifford J. Pearsall, David E. Smith, F. E. Straup.

Utah County—J. R. Anderson, Fred Dunn, G. E. Christensen, J. W. Hagan; alternates, J. W. Aird, J. Karl Beck, O. H. Maybe, Arnold Robinson.

Uinta County—Homer E. Rich.

Weber County—E. R. Dumke, W. J. Wright, E. I. Rich, A. Z. Tanner; alternates, H. W. Nelson, E. P. Mills, W. A. Whitlock, E. M. Conroy.

Program

Thursday, June 19

9:30 a. m.—Meeting of the Council.

10 a. m.—Meeting of the House of Delegates.

12 noon.—Lunch at Agricultural College Cafeteria.

2 p. m.—"Five-Minute Address of Welcome"—President Elmer G. Peterson, Utah Agricultural College.

2:05 p. m.—"General Infections and Their Surgical Significance"—Dean Lewis, Rush Medical College, Chicago.

3 p. m.—"Non-purulent Nephritis" (illustrated)—A. S. Warthin, University of Michigan, Ann Arbor.

4 p. m.—"Studies in Cardio-renal Vascular Diseases"—L. G. Rowntree, Mayo Clinic, Rochester, Minn.

4:45 p. m.—"The Present Status of Our Knowledge of Vitamins"—E. V. McCollum, Johns Hopkins University, Baltimore, Md.

7 p. m.—Annual banquet, Hotel Eccles. Tickets $3, stag. The president's address will be delivered, as well as toasts, and there will be a general relaxation from the more serious aspects of medicine.

Friday, June 20

8 a. m.—Meeting of the House of Delegates.

9 a. m.—"Localization of Spirocheta Pallida in Human Tissues"—A. S. Warthin, University of Michigan, Ann Arbor.

10 a. m.—"Clinical and Functional Diagnosis of Liver Diseases"—L. G. Rowntree, Mayo Clinic, Rochester, Minn.

11 a. m.—"Goiter Survey in Utah"—James Wallace, Rockfeller Foundation, New York.

11:30 a. m.—"Present Status of Our Knowledge of the Etiology of Rickets"—E. V. McCollum, Johns Hopkins University, Baltimore, Md.

12:15 noon—Lunch at Agricultural College Cafeteria.

1 p. m.—Meeting of the House of Delegates.

2 p. m.—"Constitutional Entity of Grave's Disease, Toxic Adenoma and Toxic Goiter"—A. S. Warthin, University of Michigan, Ann Arbor.

3 p. m.—"Clinical Manifestations and Treatment of Encephalitis Epidemica"—John B. Doyle, Mayo Clinic, Rochester, Minn.

4 p. m.—"Reconstructive Surgery"—Dean Lewis, Rush Medical College, Chicago.

5 p. m.—Meeting of the Council.

Basket lunch, Logan Canyon, 5 to 7:30 p. m. Guests of the Cache Valley Medical Society.

8 p. m.—Public meeting at the Tabernacle, under the auspices of the Utah State Medical Association, speakers to be announced during the session.

Saturday, June 21

9 a. m.—"Intestinal Obstruction"—Dean Lewis, Rush Medical College, Chicago.

10 a. m.—"Nutritional Aspect of Preventive Dentistry"—E. V. McCollum, Johns Hopkins University, Baltimore, Md.

10.45 a. m.—"Recognition of the Psychoneuroses"—John B. Doyle, Mayo Clinic, Rochester, Minn.

11:30 a. m.—Subject to be announced—Thomas D. Wood, Columbia University, New York.

"Causes and Treatment of Hay Fever"—George M. Fister, Henry Ford Hospital, Detroit.

Report of the House of Delegates.

Installation of officers.

The Council will meet immediately following adjournment.

Proposed Change in Amendment to the Constitution and By-Laws of the Utah State Medical Association

It is proposed to amend the constitution and by-laws of the Utah State Medical Association, so that the calendar year shall be the fiscal year. As the amendments now read, the fiscal year ends March 31, and it is proposed to have it end December 31. This will mean that all dues for the calendar year must be paid January 1 for that calendar year, and all dues not paid by that time will constitute a suspension of the members on the rolls of the Association. The members may be reinstated by payment of dues at any time during the calendar year.

The present by-laws provide that a member shall not be suspended before March 31, so that members are carried on a three months' period of grace. The American Medical Association has adopted the calendar year for its fiscal year, and has advised the various state associations to do the same. This matter was referred by the last meeting of the House of Delegates to the Council for consideration and recommendation. The Council has considered and now recommend to the association that such action be taken.

If the proposed amendment is adopted, it will change the words in Chapter 9, Section 11, from "March 31" to "January 1," and in the same paragraph, Section 13, the words "on or before March" to "on or before January 1" in two places, namely: line 7 and line 13.

The above has been published in our official journal California and Western Medicine, and is brought to the attention of the members for the last time, and will now be considered by the House of Delegates.

Exhibits

There will be commercial exhibits by the various manufacturers of surgical supplies, including new features in X-ray and Helio-Therapy. These exhibits will be shown in rooms adjoining the lecture room at the Agricultural College.

Announcements will be made at the meeting regarding sight-seeing trips.

Cache County Medical Society (reported by W. H. Budge, secretary)—The regular monthly meeting of the Cache Valley Medical Society was held at Logan at the Chamber of Commerce, May 5, at 7:30 p. m.

M. C. Lindem of Salt Lake City read a paper on "Ethylene Gas." H. R. McGee of Logan read a paper on "Pyelitis in Infants and Children." James Wallace of Salt Lake City, who is representing the State

Board of Health, gave a talk on goiter among school children in Utah.

Minutes of the Salt Lake County Medical Society (reported by M. M. Critchlow, secretary)—The regular meeting of the Salt Lake County Medical Society was held at the Commercial Club, Salt Lake City, Utah, Monday, April 28. Sixty-three members and three visitors were present. Meeting was called to order at 8:05 p. m. by President A. A. Kerr. Minutes of the previous meeting were read and accepted without correction.

No clinical cases were presented.

V. J. Clark gave a paper on "Dysmenorrhea," giving the causes and treatment, both medical and surgical. The paper was discussed by W. R. Maddison, A. N. Minear, George W. Middleton, and Sol G. Kahn.

B. E. Bonar presented a paper on "Water Requirements in Infancy." He described the symptoms of water retention, and dehydration with its end-result acidosis, and described the treatment. This paper was discussed by Helmina Jeidell.

James Wallace, state epidemiologist for the State Board of Health, formerly with the Rockefeller Health Foundation, discussed "Goitre as a Public Health Problem," and gave some interesting facts as to the goitre survey now in progress in Utah. This paper was discussed by T. B. Beatty, George W. Middleton, A. N. Minear, and John Z. Brown, who commended Beatty for his untiring efforts in getting the goitre survey started for this state. J. F. Critchlow also discussed the paper, and moved that the society endorse the efforts and the objects of the State Board of Health and stand back of the present plans in regard to the prevention of goitre; that it deny the propaganda that seems to be opposed to it; and that it deplore any obstruction placed in the way of the survey. Seconded and carried.

J. J. Galligan suggested that the president cause to be published articles to combat the false ideas that seem to be prevalent in regard to the survey. F. E. Straup moved that a committee of three, consisting of the president, secretary, and J. F. Critchlow, be appointed to carry out Galligan's suggestion. Seconded and carried. Discussion of the survey was continued by J. R. Llewellyn, S. C. Baldwin, C. J. Albaugh, and T. B. Beatty.

A letter was read from Gaylen S. Young, chairman of the Fourth Annual National Convention of the Disabled American Veterans of the World War, in which he asked for the appointment of a committee of five to attend meetings with the Fraternal Liaison Committee, to assist in providing welcome and entertainment for the disabled veterans in their coming convention next June. W. R. Calderwood moved a committee of five be appointed, as suggested in the letter. Seconded and carried.

A letter from F. M. Whitney, assistant secretary, Heber J. Grant Company, general agents for the Hartford Accident and Indemnity Company, was read in which it was stated that the Hartford Company would issue the identical policy which had been approved at the last meeting, with the special privileges, for $20 per physician. J. F. Critchlow discussed the letter and moved that the secretary be instructed to communicate with Heber J. Grant Company that the society has adopted the policy of the Aetna Company. Motion was seconded. It was discussed by J. C. Landenberger, who suggested that all the companies be given a chance to bid for the policy. J. F. Critchlow stated that he was willing to withdraw his motion if a substitute motion was made to reconsider the action taken by the society at its last meeting, and an invitation was accorded the Aetna Company for a hearing, if it were agreeable to the seconds. Sol G. Kahn also discussed the proposition. Motion was put to a vote. Motion lost. J. C. Landenberger moved that the society reconsider the insurance question. Seconded and carried.

J. F. Critchlow moved that the same Insurance Committee be appointed. Seconded and carried.

W. R. Calderwood reported on the Emergency Hospital for the Committee to Investigate Charity Institutions. The committee recommended that the Committee on Public Health and Legislation cooperate with the city physician to instruct the public as to the purposes of the emergency hospital. J. J. Galligan said he would welcome any suggestion that would make for a greater degree of efficiency in conducting the City Emergency Hospital. J. Z. Brown moved that the report of the committee be adopted. Seconded and carried. M. M. Nielson suggested that physicians individually give their suggestions and recommendations to the committee.

Minutes of Meeting of May 12—The meeting was held at the Commercial Club, Salt Lake City, May 12, 104 members and five visitors being present. Meeting was called to order by President A. A. Kerr. Minutes of the previous meeting were read and accepted without correction.

B. F. Robbins presented a clinical case, seventy-three years old, with cancer of the right orbit, twenty years' duration, on which some excellent surgical work had been done. Discussed by J. F. Critchlow.

George F. Roberts read a paper on the "Use of Sodium Thiosulphate in Metallic Poisoning." The therapeutic effects in cases of arsenic, lead and mercury poisoning were described, with excellent results in the lead and arsenic cases, but not so good in the mercury cases. This most interesting paper was discussed by T. C. Gibbson, J. S. Alley, and H. S. Scott.

Fuller B. Bailey read a paper on "Ulcerative Colitis," giving the etiology symptoms, x-ray and laboratory findings, and the treatment. This very interesting paper was discussed by W. L. Lindsay and G. G. Richards.

Ernest Van Cott reported progress for the Committee on Public Health and Legislation.

Sol G. Kahn reported for the Committee on Liability and Insurance, in which it was requested that the society decide at this meeting whether they would accept the Aetna policy at $25 per physician or the Hartford policy at $20. L. W. Snow moved that the society accept the Hartford policy, if the provisions as suggested by the committee were incorporated in the policy. Seconded. Discussed by H. S. Scott, J. F. Critchlow, Ralph Richards, E. M. McHugh, and Sol G. Kahn. G. G. Richards offered a substitute motion that the society vote at this meeting, and the company being chosen that received the nighest number of votes. Accepted and seconded. Discussed by F. F. Hatch, J. Z. Brown, and Byron Reese. Motion carried. The Aetna company was chosen by the society, forty-nine members wishing the Aetna, and eleven members, the Hartford. S. C. Baldwin moved that the committee be authorized to make a contract with the Aetna company at once. Seconded and carried.

L. J. Paul reported for the committee to act with the Fraternal Liaison Committee of the Disabled American Veterans of the World War. He stated that a promenade would be held at the Hotel Utah, May 22, tickets to be $1.

W. R. Tyndale reported for the Library Committee, stating that the Loan Library shelves were up and the committee was anxious to accept books loaned by the members of the society.

President A. A. Kerr reported for the committee appointed at the last meeting to publish articles to combat the false ideas that seemed to be prevalent in regard to the goitre survey now being conducted by the State Board of Health in Utah. He read the article published in the local press, May 3 and 4, regarding this matter.

There followed a friendly discussion of the goitre survey in Utah, in which the views of the University and the State Board of Health were aired, the discussion being entered into by H. J. Sears, J. F. Critchlow, E. G. Gowans, T. B. Beatty, G. G. Richards, Clarence Snow, Sol G. Kahn, Byron Reese, Joseph R. Morrell, R. W. Fisher, and Ralph Richards, the result of which was that the survey now

being conducted by the Utah State Board of Health was endorsed.

G. G. Richards read a communication to him from Libman of New York, which stated that Aschof, the eminent pathologist, would be in Salt Lake City on June 25 and again on July 5, and if the society desired to have him lecture it could do so. His fee would be $100, and Libman suggested that his talk be either on the "Pathogenisis of Tuberculosis" or "Atherosclerosis."

George F. Roberts moved that Aschof be requested to lecture for the society; that those who heard the lecture pay $2, the balance to be paid by the society. Seconded and carried.

Kahn offered to amend that a committee of two be appointed, one of whom should be G. G. Richards and the other to be appointed by Richards, to handle first, the finance, and second, the meeting. Seconded and carried.

Nevada State Medical Association

HORACE J. BROWN, M. D., Reno.....President
CLAUDE E. PIERSALL, M. D., Reno.....
Secretary-Treasurer and Associate Editor for Nevada

NEVADA MEDICAL BULLETIN

For two reasons the Bulletin need not be issued often or regularly. One reason is because the A. M. A. bulletin, which you should all be receiving, covers better and more fully part of the subject matter of the Nevada Medical Bulletin. The other is that of our official organ, California and Western Medicine, contains our state news. Any news you want printed in our organ should be sent to your secretary, so it can be incorporated in time for publication.

It is vitally important that your patients read Hygeia, which is the layman's magazine of health published by the A. M. A. It presents the merits of scientific medicine to the American public.

The secretary of each of our county societies will hereby be notified that he is delegated to help increase the circulation of Hygeia through individuals, institutions, and agencies. It is $3 per year for less than five subscriptions. For group subscriptions there is a sliding scale of prices. Put Hygeia in your city library.

Out of 40,000 samples of liquor seized by the government in all parts of the country, only 2 per cent were genuine. The majority were poisonous. All of the stuff smuggled in by rum runners is raw alcohol, made in Cuba from blackstrap molasses and bottled under counterfeit labels.

Do not forget our state meeting at Bower's Mansion September 12, 13 and 14, and your 1924 receipt.

Tax Reduction and Tax Exemption—The successful physician's daily work teaches him the necessity of securing all available evidence before making up his own mind and pronouncing judgment. As a good citizen, he ought to apply the same principles to any subject before deciding for himself what he will do and what he will advise his friends to do. This applies to the question of taxation, and regardless of what one's opinion may be before or afterward, he certainly will have been entertained and probably instructed by a careful reading of an article under the above title (The April North American Review) by Edwin R. A. Seligman.

A Case of Malta Fever in Man—W. R. Tyndale and L. E. Viko, Salt Lake City, Utah (Journal A. M. A., December 8, 1923), report a case occurring in a man who died three months after handling the placental tissue from an infected animal. Aside from old cardiac findings not significant to the illness, the necropsy showed only chronic passive congestion of the lungs and liver (enlarged, firm "nutmeg" liver) and a firm, fibrous spleen. From the spleen cultures of Micrococcus melitensis were obtained.

Medical Economics and Public Health

Los Angeles County Medical Association's Permanent Quarters—In the spring of 1922, the Board of Trustees of the Los Angeles County Medical Association purchased a lot at the corner of Westlake and Orange for $24,500 upon which to build the permanent home of this association. This purchase was approved almost unanimously by the membership. Subsequent increase in value has demonstrated the wisdom of this purchase. The lot was paid for long since, and an income has been derived from it much of the time of our ownership.

Some months ago some of our officers and many of our members felt that this property gave promise of such an increase in value as to render it too valuable for our purpose and possibly too small in size. After consulting many of the best authorities on real estate values, bankers, lawyers, and the best business authorities not only at home, but abroad, your board decided to safeguard the association's interest by a further purchase not as a speculation, but as an investment of a potential reserve. Accordingly the Forve home at 427 South Westlake on a lot 200 feet by 165 feet was purchased for $80,000. Of course, no decision has been made by the board as to which will be the site of our proposed assembly, library and museum building.

To some of our members this step may seem too ambitious, especially to those who see in the so-called "peak" the end of the marvelous growth of our great Southern California. To these the board can say that when such disinterested journals as The Nation's Business, Washington, D. C., Business Conditions Weekly, and the London Economist place our Southern California business and growth on the permanent and not the boom basis; when the experience of the past shows that so long as there are people east of the Rockies who can acquire a competency and retire, and that our geographic, climatic and social conditions will draw them with an absolute certainty; when the great commercial and manufacturing interests are a unit as they are for employment and market expansion: when every indication shows that the higher class business, artistic and cultural trend is in the direction of our properties, your board feels that time—and a comparatively short time, too—will show the wisdom of this second step as it has shown the soundness of the first.

I think I am safe in saying that two-thirds of our membership has subscribed to the building fund. If every member who has not subscribed or who is objecting to the plan adopted by the trustees could see these values as they are, could see this future as it is, and could realize that no organization as such can function powerfully without hearty co-operation—then we would soon see right here a splendid medical center, the equal of the best in Eastern cities ten times our age.

And remember it is less than a cigar a day, less than a package of Camels, less than the price of a Sunday paper, less than a shoe shine. This is very small individually, but very great in the aggregate. Why not co-operate?—William Duffield, M. D. (Los Angeles County Medical Association Bulletin.

A Compliment to California Physicians—Some months ago, quite a little local excitement was created in Sonoma County over the news that "Doctor" Tilden of the "Tilden Health School" of Denver had taken an option on the Burke's Sanitarium property, with the intention of opening a branch of the Denver plant here. It is now announced that the option has been allowed to lapse for the interesting reason that Tilden was unable to "secure a proper physician to handle the proposed enterprise."

What is a Health Center?—That the definition of a

"health center," or "health unit" as some of them are now called, is whatever the particular group who are operating one cares to include in the definition, has long been known. Charles Wilinsky, in giving a brief and incomplete history of the movement (Boston Medical and Surgical Journal, April 3), adds his own definition to the variety already existing.

One important feature of his definition that ought to be interesting to California physicians says:

"In order to properly promote the principles of preventive medicine, it is important that only such services that are truly prophylactic in their nature and type be a part of the health center, leaving the curative field to the practitioner, hospital and existing dispensaries. Only in that way can we make the health center emphasize prevention of disease, and we should render only such treatment which may be classified as truly preventive."

Something of how extensively medicine may be socialized without holding treatment clinics is further illustrated by what the author considers the legitimate program of a health center when he says:

"We must begin by giving the expectant mother proper prenatal instruction. Upon the birth of a child, infant welfare guidance, and after two years of age the youngster must be carefully carried through the preschool-age period, receiving correct physical supervision through the most important age, so that we may be able to turn over to the school nurse and school physician, for their watchful care, a child physically able to cope with the classroom problems. In adolescence and adult life we must impress upon the individual the value and virtue of routine medical examinations, which may be properly defined as physical stock-taking. Emphasis must then be laid on careful living, proper hygiene, etc. In the creation and rounding-out of the above service, a health center becomes a powerful potent factor in the life of the individual, and become a community house where one will come for health and welfare relief."

In commenting upon this report editorially, the Boston Medical and Surgical Journal says:

"The expense of maintenance (of health centers) is relatively small as compared with that of a well-equipped dispensary so long as the medical work of the unit is kept within the limits of that which is essentially preventive in purpose. Undoubtedly, however, demands will arise from time to time for the inclusion in these units of treatment-clinics of various kinds. It seems to us that to do so, unless with prophylaxis as the aim, would be to depart from sound policy. It is arguable that medical advice for local cases of tuberculosis or of venereal disease might be included among proper functions of a health unit on the ground that a certain amount of such work is now being done at municipal expense as a means of eradicating these diseases, but there would seem to be no reasonable ground for providing accommodation in a health unit for treatment not essentially prophylactic in purpose, even if not conducted at the expense of the health department. Treatment clinics require more space and more apparatus than is needed for preventive work. Inclusion of treatment clinics in a health unit would tend to overshadow the preventive aspects of the work and would require larger buildings than have been planned for the accommodation of future health centers in Boston."

The real working motto of most of the health centers and similar organizations is to get all the "business" you can drum up from all the classes of people you can interest, and charge them less than they can get the service for from some other clinic or from their former physician.

Medical Insurance Examination Fees—The Canadian Medical Association, after due deliberation, resolved that $5 would be the minimum flat fee for a life insurance examination. They took the matter up with the various life insurance companies. Some of the companies did not pay them the courtesy of a hearing. Others told them their profits were so small they could not afford to pay a $5 fee for a medical examination. A few of the better companies in whom more people have confidence are already paying $5 fees. Most of the companies told the doctors in polite language where they could go to. They said they could hire all the doctors they wanted upon their own terms and that, therefore, they were not interested in what the Canadian Medical Association might resolve.

Physiotherapy Making Progress in Canada—Physiotherapy technicians in Canada have placed themselves under the protecting wing of the medical profession somewhat along the same lines, but less definitely, than have those of California.

Sir William Milligan chose "Physiotherapy" as his "founder's lecture" and complimented the physicians, physiotherapists, and the public upon the fine ethical manner in which the technical specialty was being practiced.

"The lecturer laid stress upon the importance of the thorough grounding in anatomy and physiology for its members which the society had instituted," says the Canadian Medical Journal. So long as an excellent training is insisted upon, no extravagant claims made, and no suspicion of charlatanism tolerated, the profession will have the support of the medical profession, and the gratitude of the public. Neither the physiotherapist, the masseur or masseuse was intended to be a mere mechanic or mere manipulator, but one who appreciates with the physician or surgeon under whom he or she may be working the reason and object of the special manipulations to be carried out. This intelligent appreciation will never be secured unless a high educational standard was maintained by the association.

A Professor in a Class A Medical School Thus Characterizes His Colleagues and His Students—"From different parts of the world we hear of friction between the health officer and the practitioner," says Harry T. Marshall (Virginia Medical Monthly). "The doctor may set himself in stiff opposition to 'socialism in medicine.' He may resent the infringements of his freedom due to the activities of the health officer. He may growl because his young patients are examined by the school physician, or in the baby clinic. He may be shocked and demur when advised that he should call up his families every half year or so and arrange to give each one a health examination. At the same time, he will be very savage if someone else steps in and gives periodic health examinations to his patients, and will cry out about unethical conduct, contract practice or state medicine. He may feel that his means of earning a living is itself being snatched from him through the various health clinics and even more through the reduction in the diseases which bring him the bulk of his income."

Chiropractic from the Inside—A physician took the course in "chiropractic" at the Palmer School in Davenport, Iowa, and some of his findings published in the New York Medical Journal are:

"The absurdity of the pretentions of learning of the chiropractic can be appreciated only by one who has taken the course, lived under the same roof with them, breathed the stench of commercialism that reeks the halls of their so-called institutions of learning, and heard the blatant mouthings of their ignorant and egotistical leader, whom they all adore. You think that you know them, but you do not; nor can you know them without being there for four months."

"I was prepared to produce my credentials, but all I had to do was to say that I was a physician, and he fell on my neck and lifted up his voice and wept. I came across with a check, and was dismissed as a full-fledged student of that institution of learning. I never shall forget how fresh and pure the air seemed, even on that sultry day, after getting out of that man's office."

"For, be it known unto you, educational require-

ments for matriculation are conspicuous by their absence. None is needed to get in, and but few to get out. They insist that you must be able to write. If not, it would lead to all kinds of trouble to cash your check. Now, as to getting out after you are in: I asked some of the boys there about how many men failed to pass the examination, and no one had ever heard of a single one being plucked."

"I betook myself to the hall of learning that was set aside for the post-graduate students, and here I found about ten students, some chiropractors, some osteopaths, but no disciple of Hippocrates but myself; and I felt like a lone wolf. We were but a small body compared to the rest of the school, as there were some 1500 students among them, so it was claimed; but we made up in enthusiasm for that which we lacked in numbers. We ran along the trail of knowledge, like half-spent hounds after the wily fox, and we all ultimately received the coveted diploma."

"The faculty was made up of a bunch of good fellows, with no education except an ex-minister of the gospel, who was rather effeminate. He told me once 'I just love Doctor Palmer.' One medical man—and he seemed to be a good one too—and one high school graduate. The rest were just ignorant, ordinary men who seemed to think that they were doing some good, but not much more than the medical men. You know, the chiropractors—the more intelligent of them—know they are fakirs, but they know that we are, too. The only difference, as they see it, is that we have been working the graft longer than they, and so have developed a finer technique."

"There is the clinic where you learn to give the adjustments after you have developed your punch on an inanimate bench. I suppose that there are, each day, several hundred patients in that place. It is pathetic, too. People that anyone knows can receive no benefit come there with faces lit up by hope. The lame, the halt, and the blind, all are there. Hope springs eternal in the human breast, nor quits us when we die. The medical man has told you the truth. You are blind, have a cancer, pernicious anemia, T. B., or anything else, especially epilepsy—I don't want to forget that; and blindness—it seems to me that was the commonest thing that I saw. Oh, yes, infantile paralysis was raging then. Parents brought their little ones there by the cartload. None was cured. I think that I felt the most sorry for the blind and for the little kids' parents. The study of the faces of the blind from the standpoint of contrast was particularly sad. The new ones were uplifted with the faith. The ones that had been there were beginning to show doubt. You heard the priest of the cult come out and say that little Johnnie Jones, who came there three weeks ago suffering from infantile paralysis, after being given up by fourteen of the best doctors in Davenport, is now healed. (Just what there is to that number, fourteen, that appeals to them there, I don't know. But it is always fourteen of the best doctors in Davenport—never any more, never any less.) I investigated four or five of them, and I found not one who was any better than they would have been in the ordinary course of the disease; and one who was nearly dead—an acute case, that needed rest."

Abstracts from County Nurse's Report—Medical inspection, 540; number with enlarged tonsils, 147; number with defective teeth, 162; number with defective vision, 15; number with symptoms of impetigo, 18; ringworm, 28; conjunctivitis, 2; pediculosis, 3; scabies, 3; mumps excluded, 6; T. B. suspect, 1.

Percy T. Phillips, president of the Board of Medical Examiners, informs us that some of these nurses are not only violating the Medical Practice Act by making diagnosis of diseases, but are actually treating patients. The board takes a definite and positive stand on law enforcement and will prosecute persons practicing medicine without a license, even though they may be employees of the government itself.

The Physician of the Future—Under this title, Eugene R. Kelley, State Commissioner of Public Health, Massachusetts, in the "Commonwealth," says many things of great importance to physicians. For the convenience of our readers, a few brief abstracts are given:

"The Training of the Physician of the Future—Without going into any detailed corroborative evidence, it is probably fair to say that for the past twenty-five years medical schools have shaped their curricula more and more in the direction of emphasizing the specialties. More and more the attempt has been made to have the student master the principles of all of the ever-multiplying specialties and to establish at least a bowing acquaintance with each new 'instrument of precision' and each new laboratory procedure developed in connection with each such specialty. This process has reached and gone beyond the saturation point. One of the great schools of medicine has recently come out boldly with the statement that their policy for the immediate future will be a return to the Hippocratic ideal of training the student's native powers of observation of weighing of the facts elicited, and endeavoring to develop his judgment as to whether it is necessary or advisable to seek the advice of the specialist, with no attempt to turn out embryonic specialists in every aspect of medicine. I believe we will witness in a sense a reversion to the ideals of a generation or two ago—less attempt to turn out encyclopedic authorities on all the nooks and corners of medicine's vast domain, more attempt to turn out sympathetic students of humanity."

"The Recovery of the Lost Provinces of Medicine—This seems to be one of the definite jobs of the coming era in medicine if medicine is to maintain its grip upon the respect, regard and affection of the world at large. 'The obligations of the physician to his fellows, what are they? To cure sometimes, to relieve often, to console always!' says a great French physician. The fundamental mistake of the profession today has been its absorption in the pursuit of the first of these three fundamental duties as defined by the old French physician to the neglect or utter exclusion of the other two. This goes right at the bottom of much that is now admittedly out of joint in the relation of the physician to the rest of the community, and it indicates the line of campaign that medicine must wage to recover its 'lost provinces.' I predict that medicine of the future will come back and claim for its own the fields of alleviation and spiritual consolation just as the old family doctor of the past always did. But in his case he did this instinctively, unobtrusively, utilizing all the great potentialities for good in the way of palliative, psychic and spiritual measures that were at hand without dreaming of starting a new healing cult or a new religion in order to call dramatically to the world's attention the possibilities of such procedures."

"The Physician of the Future a Practitioner of Preventive Medicine—One other thing in reference to the medicine of the future that seems more certain to come to pass than any other probable or likely development is the shift of emphasis to preventive in contrast to curative principles not merely in public or community health matters, but in private practice as well."

"Clinical Medicine Already Entering the Preventive Medicine Phase—The medical profession today is giving more treatment for diseases that are in the early stage, and to patients who are predisposed than ever before. There is a strong irresistible, unceasing current in medicine to move from the obviously pathological toward the more physiological conditions of life. This tendency of medicine to find its patient before irreparable damage has been done and to treat disease in its more curable stages has been made possible (1) by a larger appreciation on the part of both physician and patient of the value of early treatment as contrasted with late treatment, this larger appreciation of early treatment having resulted

from the greater emphasis that has been placed upon disease prevention as compared with the treatment of disease during the last thirty or forty years; and (2) by easier means for reaching the patient because of (a) improved communication, telephones and roads, (b) improved transportation, automobile and electric car lines, (c) enlarged hospital facilities with segregation of the sick. Prevention is much newer as a practice than as an ideal in medicine. Medical ideals, the larger objectives of the profession, have always been the prevention of disease. The pride of the profession, the respect in which the public holds it, the distinction which it has over the cults, is that, through its discoveries and their application, smallpox and typhus and yellow fever have been banished and diseases in general have been greatly reduced; the efficiency and happiness of life and longevity have been defined and measurably advanced. The 'Principles of Medical Ethics,' embodying a statement of principles and ideals of the organized medical profession of the United States, in Chapter 3, relating to 'The Duties of the Profession of the Public' specifically and urgently advised the members of the profession to take an active and advanced position in their communities, their states and their nation in proposing legislation for disease prevention, in supporting officers for the enforcement of such legislation, and in every possible way preventing disease in the interest of the public welfare."

To summarize, the field of medicine, in both its practice and its claims, insists and rightly insists on including within its activities both the cure and the prevention of disease, and the unmistakable tendency in medicine is to increase its work in the prevention of disease as compared with its work in the treatment of disease.

Notice of Examination for Entrance into the Regular Corps of the United States Public Health Service—Examinations of candidates for entrance into the Regular Corps of the United States Public Health Service will be held at San Francisco, Calif., July 7, 1924.

Candidates must be not less than twenty-three nor more than thirty-two years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily, oral, written and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon-General, United States Public Health Service, Washington, D. C.

Mediaeval Medicine—"The profession of medicine, with all the chivalry and much of the despotism of the Middle Ages, has deliberately set itself to the pauperism of two classes of society," says the Boston Medical and Surgical Journal editorially. "The wage-earners with less, and the young physicians with more pride than financial resources. The free or low-priced hospital clinic is not an unmixed blessing as it is at present generally conducted. Designed to give service to the needy poor, and experience to the inexperienced graduate in medicine, it has abandoned its ideals and abused its privileges, misled by the ambition to increase its attendance, and the desire to gather half-dollar fees from many of its patients who should be paying regular fees to the same physicians, in their offices, now treating them free in the clinics."

Interesting Health Development Project for Kings County—The report of Mr. E. C. Bond, health officer, contains this illuminating statement: "On account of the large number of cases of measles, chickenpox and other diseases reported, this has been a very busy month for the health department, and has strongly reminded us of the need of an inspector to relieve the health officer and county nurse of a large amount of driving that could as well be done by an inspector as by the nurse."

The Beginner in Medicine—Every young physician of less than fifty years' experience can find much that is worthwhile thinking over in Henry Jones Mulford's article on the above subject.—New York Medical Journal, April 18, 1924, p. 605.

The Dermatological Research Laboratories Issue New Publication—We are in receipt of the "Progress of Chemotherapy and the Treatment of Syphilis," edited by George W. Raiziss.

With this initial copy of the Dermatological Research Laboratories (Branch of The Abbott Laboratories) establish a "house organ" devoted to the subject of treatment. The publication abstracts and reviews literature, and in the first number this work is creditably done.

Making Private Physicians' Services Unnecessary at Lodi—If newspaper publicity and personal reports from our correspondents are approximately correct, the public health department of San Joaquin County proposes to make the personal services of private physicians unnecessary at Lodi, through the bi-weekly clinic conducted by the department.

They propose to accomplish this, it is said, by keeping such close watch over children under school age that "it may be possible to eliminate all health examination work in the schools."

"The examinations in the five public grammar schools and the two private schools keep the children under the supervision of the health district until they enter high school," says Miss Edna Porter, in charge of the local health office.

All this work is "free," and it is said that the physicians of the community have offered to assist when the work became more than the salaried health staff could handle. This has not happened yet. San Joaquin County has a physician for about each 600 people, and one for each fourteen square miles of territory.

Doctor of Psychological Medicine—Outlines of courses of graduate medical instruction leading to a variety of special medical degrees is developing rapidly abroad and in this country. Some universities in England are now prepared to award diplomas in what is termed psychological medicine. The requirements for the degree are outlined in the curriculum, the important features of which are:

Model Scheme for a Diploma in Psychological Medicine

1. The candidate must be already a registered medical practitioner.

2. The candidate may present himself for examination on the subjects detailed under Part I of the curriculum (see paragraph 4) immediately he has concluded the prescribed course of instruction or can produce such other evidence of diligent study of the subjects to be examined upon as may be demanded. Part I must be passed save by special permission at least three months prior to entering for examination on Part II of the curriculum.

3. The candidate may not present himself for examination on the subjects detailed under Part II of the curriculum (see 4) until he has been a registered medical practitioner for not less than two years. He must, subsequently to qualification, have been in the practice of an approved mental hospital for not less than two years, or have attended for six months at a hospital, mental or general, for clinical instruction in psychological medicine, and subsequently held a resident appointment at an approved mental institution or mental wards of a general hospital for not less than six months. In both cases he must produce a certificate from a recognized source that he can apply his theoretical knowledge and has practical

acquaintance with, and is well and adequately versed in, the current clinical methods of examination and treatment of nervous and mental disorders. In the case of mental deficiency the certificate should include a practical knowledge of the various intelligence tests and other methods of ascertaining the degree of mental defect. He must also produce evidence of having attended, subsequently to qualification, courses of lectures, demonstrations or other evidence of diligent study of the subjects upon which he presents himself for Part II of the examination, as may be demanded.

4. Curriculum—

Part I—(a) Anatomy, histology, and physiology of the nervous system, including the autonomic system. Anatomy and physiology of the endocrine glands. Chemistry and cytology of the cerebro-spinal fluid. (b) Psychology, systematic and experimental.

Part II—(a) Morbid anatomy, histology, and pathology of the systems mentioned under Part I (a). Post-mortem and laboratory technique. (b) Neurology and clinical neurology. (c) Psychiatry (including the psycho-neuroses), clinical psychiatry, and the medico-legal relationships of mental disorders and mental deficiency.

In addition, the candidate for Part II will need to show special knowledge of any one subject, to be selected by him from the subjects comprising Part I or Part II; or may choose to be examined in any one of the following subjects: (d) Mental deficiency and the mental disorders of childhood and adolescence, and the duties of school medical officers in relation thereto. (e) Bacteriology as applied to mental and nervous disease. (f) Psycho-pathology and psychotherapy. (g) The principles of diet, vitamins, and basal metabolism, and their application. (h) Eugenics, and vital statistics. (i) Criminology and the jurisprudence of criminal responsibility.

5. The diploma, by request, may be endorsed that special knowledge has been shown in the subject selected.

6. It is suggested that any compulsory attendance at lectures and demonstrations and clinical courses should be limited to the subjects detailed for Part II, and that the course for Part I or Part II should not exceed eight weeks.—British Medical Journal, April 5, 1924.

Medico-Dental Building—This $1,200,000 doctors' and dentists' office building for San Francisco has reached a stage in its promotion where the Anglo London Paris Company are offering 6 per cent first (closed) Mortgage Sinking Fund Gold Bonds to the public. These bonds are exempt from personal property tax in California, and we are informed by reliable judges of investments that they are a perfectly good bond to buy. Applications have already been approved for over 70 per cent of the occupancy of the building. Excavation will begin June 15, and will be completed by the first of September, by which time the foundation will be all in. Steel work will be completed November 1, and the building itself will be ready for occupancy July 1, 1925.

The announcement of these bonds by the Anglo London Paris Company is found in the advertising pages of this issue of California and Western Medicine, and this company has entered into a contract to use a quarter-page of our advertising space for a year, for various announcements they will have to make that will be of interest to our members.

Offices for Doctors—We are glad to call the attention of our readers to the advertisements of the Butler building, Geary and Stockton streets; the Elkan Gunst building, Powell and Geary streets; the Physicians' building, Sutter at Powell, and the Union Square building, 350 Post street, carried in this and subsequent issues of California and Western Medicine. All of these buildings offer their space exclusively to educated, ethical physicians, dentists and other approved agencies of scientific medicine. All of them are well-known physicians' office buildings, and it may be confidently predicted that available space will not long remain idle in any of them. Certainly physicians who are now occupying space in these buildings will appreciate the spirit of cooperation shown by their owners.

Grinding and Repairing of Surgical Instruments—We feel quite sure that many physicians and hospitals will find exactly what they want in the advertisement in this and subsequent issues of California and Western Medicine of the Exclusive Cutlery Shop, 113-115 Stockton street, San Francisco, whose repair department is comprised of skilled surgical instrument-makers of the old school, trained to do scientific work in repairing, sharpening, and conditioning expensive surgical instruments.

Hospitals in Charge of Sisters of Charity—We welcome the advertisements contained in this and subsequent issues of California and Western Medicine, of the O'Connor Sanitarium, San Jose, and Mary's Help Hospital, San Francisco. Both of these hospitals are rendering high-grade service to the sick along ethical lines, endorsed by our medical organizations. What a pleasure it is to welcome more and more of the hospitals of the state who are constantly improving their service and who intend to continue to improve it, so as to merit the endorsement of physicians today and in the future.

Cloverdale Hospital—We are glad to add to our advertisers the Cloverdale Hospital, located at Cloverdale, Sonoma County, Calif. This hospital is under the medical direction of W. C. Shipley, a member of the California Medical Association. It is unusual for good hospitals located in smaller communities to have the vision and see the advantages of carrying announcements in accredited medical literature. Many hospitals of this kind fail to appreciate the fact that city physicians and city hospitals are constantly giving advice to sick people as to where to go for convalescence, care of chronic diseases, etc., in more rural communities, under more favorable climatic conditions. California and Western Medicine is particularly fortunate in carrying the announcement of several—The Alexander Sanitarium at Belmont; The Anderson Sanitarium, Oakland; Banksia Place Sanitarium, Pasadena; Gottbrath's Sanitarium, Belmont; Grande Vista Sanitarium, Richmond; Las Encinas Sanitarium, Pasadena; Livermore Sanitarium, Livermore; Tamalvista at Mill Valley; The Terrace, Saratoga; and Lomita Vista at Los Gatos. And in San Francisco, the Alice Lampson Thompson Rest Home, and Miss J. Price's Convalescent Home. All of these will be found listed on page 62 of each issue, together with general hospitals, tuberculosis hospitals and other special hospitals, whose advertisements are found in our pages monthly, and about which more will be written in this department from month to month.

Preparation of Manuscripts Made Easier—The advertising of the Corona Typewriter Company, which we have been carrying during the past year, has been very satisfactory, because they are making available an easy and attractive method by which doctors may put their thoughts into good shape for publication or other use. The Corona people are now prepared to offer what is called the "four-bank keyboard," with a special medical keyboard, which doctors have been asking for. Their advertisement in this issue contains a coupon. Why not fill it out and mail it to the Corona people and learn more about this new development? The Corona people will, of course, check up the interest of the physicians of California, Utah, and Nevada, by the extent to which they use this coupon. Or ring up your nearest agency and ask them for information. Los Angeles has an agency at 533 South Spring street; San Francisco, 546 Market street; Fresno, 1209 Broadway; Oakland, 1526 Franklin street; Salt Lake City, Utah, 131 South Main street; and Reno, Nev., 224 North Center street.

BOOKS RECEIVED

Abt's Pediatrics. By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes, totaling 8000 pages, with 1500 illustrations, and separate Index volume free. Now ready—Volume III, containing 1051 pages, with 223 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth. $10 per volume. Sold by subscription.

The Circulatory Disturbances of the Extremities, Including Gangrene, Vasomotor and Trophic Disorders. By Leo Buerger, M. A., M. D., New York City. Octavo volume of 628 pages, with 188 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $8.50 net.

Differential Diagnosis. Presented through an analysis of 317 cases. By Richard C. Cabot, M. D., Professor of Medicine and Professor of Social Ethics at Harvard University. Volume 2. Third edition, revised. Octavo of 709 pages, 254 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $9 net.

The Operating Room—Instructions for Nurses and Assistants. By the Staff of St. Mary's Hospital, Rochester, Minn. (The Mayo Clinic.) 12mo of 165 pages, with 144 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $1.75 net.

National Health Series. Edited by the National Health Council, written by leading health authorities of the country, and published by the Funk & Wagnalls Co. Price per volume, 30 cents. Complete set of twenty volumes, $6. The second five volumes have been received, and are as follows:

The Quest of Health—Where It is and Who Can Help Secure It. By James A. Tobey, Administrative Secretary, National Health Council.

The Human Machine—How Your Body Functions. By William H. Howell, M. D., School of Hygiene and Public Health, Johns Hopkins University.

Food for Health's Sake—What to Eat. By Lucy H. Gillett, A. M., Superintendent of Nutrition, Bureau of the New York Association for Improving the Condition of the Poor.

The Young Child's Health. By Henry L. K. Shaw, M. D., Clinical Professor of Diseases of Children, Albany Medical College, New York.

Taking Care of Your Heart. By Stuart Hart, M.D., President of the Association for Prevention and Relief of Heart Disease.

Modern Urology: In original contributions by American authors. Edited by Hugh Cabot, M. D., Dean and Professor of Surgery in the Medical School of the University of Michigan. Volume I, general considerations—diseases of penis and urethra; diseases of scrotum and testicle; diseases of prostate and seminal vesicles. Volume II, diseases of the bladder; diseases of the ureter; diseases of the kidney. Second edition, thoroughly revised. 288 engravings and 8 plates. Lea & Febiger, Philadelphia and New York, 1924.

Medical and Sanitary Inspection of Schools: For the health officer, the physician, the nurse, and the teacher. By S. W. Newmayer, M. D., formerly Chief of Division of Child Hygiene; Supervisor of School Medical Inspection, Philadelphia. Illustrated with 79 engravings and 6 full-color plates. Lea & Febiger, Philadelphia and New York, 1924.

Local Anesthesia: Its Scientific Basis and Practical Use. By Prof. Dr. Heinrich Braun, Director of the KGL. Hospital at Zwickau, Germany. Translated and edited by Malcolm L. Harris, M. D., Professor of Surgery, Chicago Polyclinic; Chief Surgeon Alexian Brothers Hospital, Chicago, etc. Second American from the sixth revised German Edition. With 231 illustrations in black and colors. Lea & Febiger, Philadelphia and New York, 1924.

A Woman's Quest, The Life of Marie E. Zakrzewska, M. D. Edited by Agnes C. Vietor, M. D., Formerly Instructor in Physical Diagnosis and Surgery, Woman's Medical College of the New York Infirmary; later Assistant Surgeon, New England Hospital for Women and Children, Boston. D. Appleton & Company, New York: London, 1924.

A Manual of Gynecology and Pelvic Surgery: For Students and Practitioners. By Roland E. Skeel, M. D., formerly Associate Clinical Professor of Gynecology, Medical School of Western Reserve University. Second Edition, with 281 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Fifty Years of Medical Progress, 1873-1922. By H. Drinkwater, M. D. With 37 illustrations. The Macmillan Company, New York, 1924.

Maternity Nursing in a Nutshell. By Elizabeth H. Wickham, R. N., Former Supervisor of the Maternity Department, Lebanon Hospital, New York City. With 28 illustrations. Philadelphia: F. A. Davis Company, Publishers, 1924.

A Study of Masturbation and Its Reputed Sequelae. By John F. W. Meagher, M. D., Neurologist of St. Mary's Hospital, Brooklyn; Consulting Neurologist to the Kings Park State Hospital, etc. New York: William Wood & Company, 1924.

The Relative Position of Rest of the Eyes and the Prolonged Occlusion Test. By F. W. Marlow, M. D., Professor of Ophthalmology in the College of Medicine, Syracuse University. Illustrated with original diagrams and charts. Philadelphia: F. A. Davis Company, Publishers, 1924.

The Treatment of the Common Disorders of Digestion: A Handbook for Physicians and Students. By John L. Kantor, M. D., Chief in Gastro-intestinal Diseases, Vanderbilt Clinic, Columbia University. Illustrated. St. Louis: The C. V. Mosby Company, 1924.

The Science and Art of Anesthesia. By Colonel William Webster, M. D., Professor of Anesthesiology, University of Manitoba Medical School; Chief Anesthetist, Winnipeg General Hospital, etc. Illustrated. St. Louis: The C. V. Mosby Company, 1924.

A Textbook of Pharmacology and Therapeutics, or the Action of Drugs in Health and Disease. By Arthur R. Cushny, M. D., Professor of Materia Medica and Pharmacology in the University of Edinburgh; formerly Professor of Materia Medica and Therapeutics in the University of Michigan, and later in the University of London. Eighth Edition, thoroughly revised. Illustrated with 73 engravings. Lea & Febiger, Philadelphia and New York, 1924.

Diseases of Middle Life: The Prevention, Recognition and Treatment of the Morbid Processes of Special Significance in this Critical Life Period. Comprising twenty-two original articles by various eminent authorities. Edited by Frank A. Craig, M. D., Associate Director of the Clinical and Sociological Department of the Henry Phipps Institute of the University of Pennsylvania. In two columns. Illus-

trated. Philadelphia: F. A. Davis Company, Publishers, 1924.

Management of Diabetes: Treatment by Dietary Regulation and the Use of Insulin. A manual for physicians and nurses based on the course of instruction given at the Presbyterian Hospital, New York. By George A. Harrop, Jr., M. D., Associate in Medicine College of Physicians and Surgeons, Columbia University. Introduction by Walter W. Palmer, M. D., Bard Professor of Medicine College of Physicians and Surgeons, Columbia University; Medical Director Presbyterian Hospital, N. Y. Paul B. Hoeber, Inc., New York, 1924.

Cosmetic Surgery: The Correction of Featural Imperfections. By Charles Conrad Miller, M. D. With 140 illustrations. Philadelphia: F. A. Davis Company, Publishers, 1924.

Cancer of the Breast, with study of 250 cases in private practice. By L. Duncan Bulkley, M. D., Senior Physician to the New York Skin and Cancer Hospital, etc. With 40 illustrations. Philadelphia: F. A. Davis Company, Publishers, 1924.

Handbook of Modern Treatment and Medical Formulary. A condensed and comprehensive manual of practical formulas and general remedial measures. Compiled by W. B. Campbell, M. D., formerly Resident Physician at Methodist Episcopal Hospital of Philadelhpia. Seventh Edition revised and enlarged, by John C. Rommel, M. D., and C. E. Hoffman, Ph. D. Philadelphia: F. A. Davis Company, 1924.

BOOK REVIEWS

Practice of Preventive Medicine. By J. C. Fitzgerald. St. Louis: C. V. Mosby Company. 1922.

The author states in his preface that the object of the volume is to outline some of the work of the physician who is to function on the preventive, as well as the curative side of medicine, and that the volume may be found useful by medical practitioners, students of medicine or public health nurses.

The volume will probably find a wider use. It should find a place in the libraries of those interested in construction problems, where matters of public health are likely to be considered.

The first chapter, "Aims and Problems of Preventive Medicine," is of interest to physicians whether for or against state medicine. Following the introduction, each communicable disease or group of related diseases are taken up under a separate chapter. At the end of each chapter there are references to standard texts or the principle articles on the subject. The chapters are clearly subdivided under a number of headings such as Etiology, Incidence, Modes of Transmission and Control. The book covers the subject in about 800 pages, including charts and illustrations, and the character of the language and comparative brevity make the subject readable to those not specially trained in medicine.

E. V. K.

Rhus Dermatitis. From rhus toxicodendron, radicans and diversiloba: its pathology and chemotherapy. By James B. McNair. 298 pp. Chicago: University of Chicago Press. 1923.

The author in his preface states that his object is to try to "isolate the principal skin irritant" of the rhus plant in the hope that a knowledge of its characteristic properties might serve as a basis for such treatment. He gives an interesting account from an historical, botanical and chemical standpoint which is well worth reviewing. He describes his researches which resulted in the isolation of what he considers the principal skin irritant principle of rhus diversiloba. This he calls lobinol. On the basis of studies of the pathological reactions of the skin and the chemical properties of lobinol, the author has suggested rational external treatment of rhus dermatitis. Natural and acquired immunity to poison oak and the pioneer work of Strickler and Schamberg, in attempts to artificially stimulate this process, are discussed briefly. The work represents a valuable contribution to the subject, and should find a place in the library of every progressive specialist in cutaneous medicine.

ALDERSON.

Text-book of Human Physiology. By Albert P. Brubaker. 7th ed. 835 pp. Philadelphia: P. Blakiston's Son & Co. 1922.

A book which has gone through seven editions must have many points in its favor, and must have reached a certain degree of excellence, if only through the process of attrition or of trial and error. About the only chapter in the book which the reviewer feels like criticizing is the one on physiologic apparatus which, on account of the retention of many old drawings, is far from up to date. In order to be of real use, it should picture the type of apparatus which is being used now.

W. C. A.

Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley. 664 pages. Illustrated. 6th edition. New York and Philadelphia: Lea & Febiger. 1922.

In this book, the author has compiled an excellent, compact manual dealing with the diseases and treatment of nose and throat conditions.

It is particularly adapted to the needs of the student because it treats the subject in simple, readable language and is not crammed full of superfluous anatomy, physiology and theory.

Great stress is laid on the proper method of examination, technic being given in every detail.

Each disease is described and treatment given in a very brief and concise manner, thus making the work valuable to the rhinolaryngologist as well as to the medical student and general practitioner.

R. E. A.

Hygiene and Public Health. By Louis C. Parkes and Henry R. Kenwood. 7th edition. 783 pages. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1923.

This book on hygiene and public health presents the subjects in a most full and comprehensive manner. It is a most valuable book and should occupy a place in every medical man's library, especially health officers' and others interested in this subject.

It would be an excellent book for the library of every high school, for it contains a world of sound information especially on sanitation and communicable diseases, their epidemiology, causes and prevention, and many other kindred subjects.

H. R. O.

What Re-write Editors Sometimes Produce — We wonder if the New York Medical Association members would recognize their reports about underwear after they have been man-handled a number of times and have traveled some 3000 miles. They are quoted here as saying:

"The doctors do not suggest long, angle-length undies, nor do they necessarily mean "heavies"; they insist that the way to acquire and keep slender ankles is to give the body itself plenty of protection so that the blood that goes through the legs will be warm and flow freely. They declare that thick ankles are due to swelling caused by pumping thick, congested blood through veins that have been contracted by cold."

Medical School News

University of California Medical School (reported by L. S. Schmitt, acting dean)—The Surgeon-General of the army has authorized the organization of a general hospital and a surgical hospital as University of California Medical School units. The General Hospital will be known as General Hospital No. 30, and the Surgical Hospital as Surgical Hospital No. 65. The General Hospital has been given the same number as the Base Hospital, which was organized by the University of California Medical School and sent overseas during the World War. Howard C. Naffziger has been designated as commanding officer of the General Hospital, and J. Homer Woolsey as commanding officer of the Surgical Hospital.

In order to meet a widespread demand, plans are now being made to offer post-graduate instruction in medicine during the summer of 1925. It is contemplated that the course will cover a period of six weeks, probably from May 19 to June 28, inclusive. As now outlined, the courses will include General Medicine, Laboratory Diagnosis, Borderline Medicine and Surgery, Gastro-Intestinal Diseases, Metabolic Diseases, Neuro-Psychiatry and Neurological Surgery, Dermatology, Syphilology and Radium Therapy, Technique of Intestinal Surgery, Surgical Pathology, Otorhinolaryngology, Ophthalmology, Pediatrics, Roentgenology, and Pathology. Further details concerning these courses will be announced next autumn.

Edible Gelatine—Edible gelatine is a pure protein readily assimilated. It is not only of distinct value in breaking up excessive casein curds into small particles, but also of potency in infantilism, infantile diarrhea and gastric hemorrhage, as well as stubborn intestinal infections. The action of edible gelatine as a protective colloid is also interesting because of the small amount required to produce results. The percentage of gelatine used in the infant food, as indicated by the various authorities, would average one-half of 1 per cent or even less.

California in Bad Company—The annual state board number of the Journal of the American Medical Association contains much important data. Editorially, the Journal says:

> "Special attention is called to Table J, which shows the classification of the medical colleges from which the physicians graduated who were licensed in each state during the last six years. In each of eight states, over 100 Class C graduates were licensed; the largest number, 324, in California, followed by 199 in Massachusetts; 171 in Connecticut; 162 in Illinois; 160 in Arkansas; 150 in Colorado; 125 in Texas, and 118 in Missouri."

It will take a lot of expensive advertising to overcome such a handicap.

Martha Berry started her school for the neglected children of the Georgia mountains in a wrecked log cabin, with two scared children. Lillian Wald began her Henry Street Settlement in a tiny flat in the tenement-house district, scrubbing the floors and tending the sick with her own hands. Dr. Grenfell went to the suffering people in Labrador without money or influence—just his wonderful ministering hands and an idea. They commenced.

"Good-will is developed by service, but the knowledge of good service must be continually advertised and the memory of service must be regularly stimulated,' says the "house organ" of the American Laundry Co.

CORRESPONDENCE

San Francisco, May 22, 1924.

Editor California and Western Medicine:

Will you please publish the following communication?

To the Medical Profession of California:

Newspaper publicity of some actions on Industrial Accident matters, at the recent convention of the California Medical Association, make necessary an explanation to the medical profession.

Some newspapers reported that certain actions of the Industrial Accident Section, and the House of Delegates, were acts hostile to the state administration and to the Industrial Accident Commission.

The acts and purposes of the acts were in no way hostile. The State Medical Association must depend for success in ridding the profession of the abuse which now exists, in large measure upon the co-operation of the Industrial Accident Commission. It will have co-operation if misguided antagonism does not make co-operation impossible.

The minutes of the sessions of the House of Delegates show that authority has been given the Council to provide panels of physicians to do industrial accident work. This was the result of co-operation and agreement between the Industrial Accident Section of the San Francisco County Medical Society, the San Francisco County Medical Society, the Alameda County Medical Society, and the Industrial Accident Section of the Los Angeles County Medical Association.

These organizations have also provided the council with material for guidance in formulating standards and rules of conduct for industrial accident practice.

Every action was designed to correct abuses within and without the medical profession.

MORTON R. GIBBONS.

Charles E. Stolz, Los Angeles—In reply to a few of your editorials in the May, 1924, issue.

Pay Clinics: The medical profession ought to withdraw their support and turn them over to the chiropractors and osteopaths so that the medical profession would be adequately paid for their services and leave sufficient worldly wealth to their families upon their death. The medical examiner tax of $2 should have been abolished a long time ago; likewise the narcotic tax we are also paying for the enforcement of the law and enabling a bunch of friends and relatives to get nice fat jobs at our expense.

Feeblemindedness—Millions of dollars are being yearly expended for the care of the feebleminded in this broad and wealthy country of ours, says the Texas Journal of Medicine editorially, most of which is merely for their care and keeping, there being practically no concerted effort to better their mental condition or to separate those who are mentally deficient by virtue of their surroundings, from those who are in like condition because of heredity or illness, in order that cure might be attempted. The courts, venereal clinics, almshouses, jails, penitentiaries and even insane asylums, are handling these people continuously and, for the most part, on a hopeless basis. Many of these unfortunates being arrested, tried, convicted, released and arrested, tried and convicted again, over and over, with no intervening effort whatsoever at reclamation. The laws of our land recognize the fact that a child may not be held to strict accountability for moral misdeeds or criminal acts, and yet we are daily sending to our penitentiaries, and even to the gallows or the electric chair, adults with childish minds. We fail to see the ridiculousness (to say nothing of the tragedy!) of this procedure. We are turning into the busy marts of the fastest living country in the world both children and adults who are totally unfit for contact with their fellows, because of their poor mental development.

COMMENTS FROM OUR MEMBERS

H. A. Todd of Visalia, commenting on the editorial about the $2 tax, says:

> "To use my own editor's words rearranged, it is a cheap, unfair, unjust nuisance and a flagrant example of class legislation. Class legislation is strictly prohibited by the constitution of our great nation. 'Why was such a law ever passed, anyway?' I once asked my attorney. He answered, 'Nearly all laws are made by lawyers; our legislators are nearly all lawyers; they are not passing laws taxing themselves.' Not a bad answer, eh, Dear Editor? Please count me as objecting very strongly against that law, not because of the $2, but I would like to see fair play."

Another member, who asks us not to publish his name, says:

> "The editorial in the May number of California and Western Medicine, with reference to the Board of Medical Examiners' tax, should have the endorsement of every active practitioner who wishes fair play and resents class legislation.
>
> "It would seem as though consistency, however, demanded activity, in protest of what seems to the writer a very much more unjust tax on the medical profession in San Francisco, viz.: the Municipal License Tax, iniquitous, in that it is a tax on gross income; discriminatory, in that two types of professional men have been singled out by the previous Board of Supervisors and held up every three months.
>
> "Would it not be well if our medical societies, in addition to their academic functions, would operate, to the end that practical relief could be brought about in this matter of unjust taxation?"

Comment upon the excessive cost of filling prescriptions as one of the reasons why patients often buy their own medicine:

> "R. Forrest of Occidental is right when he says, as is being said by many other people in various places in the medical world, that physicians ought always to consider the patient's economic situation when writing prescriptions. Many physicians will find good pharmacies willing to co-operate with them in making special rates to patients whom the physicians themselves have charged minimum fees or none at all for their services."

Gangrene in the Nose Complicating Diabetes—Chester H. Bowers, Los Angeles (Journal A. M. A., April 26, 1924), calls attention to a condition of gangrene in the nose in young children complicating diabetes. Three cases are reported. The patients were young children, the oldest being only ten years of age. The blood Wassermann reaction was negative in two cases of the group, and in the case in which no Wassermann test was made there was a negative family history; the child was the eldest of four children, and it is reasonably certain that this child was not syphilitic. This was in the case of gangrene of the cheek, which is less suggestive of syphilis than the other two. In these cases, the gangrene developed in children with young vessels, and obviously cannot be explained on an arteriosclerotic basis. Bowers believes that they should be considered a thrombosis of the type described as thrombo-angiitis obliterans; that in the presence of an infection an inflammatory condition resulted in the artery, which was followed by thrombosis and gangrene of the tissue distal to the thrombosed artery. The discovery of insulin before the last case was treated is responsible for its favorable outcome, as contrasted with that of the two earlier fatal cases.

Obituary

Memorial Tribute to the Memory of S. F. Smith, Charter Member of the Kern County Medical Society

(By the Kern County Medical Society)

Samuel Franklin Smith, a pioneer physician of this county, after an illness of some few months, passed unto the Great Beyond at Bakersfield, April 3, 1924. He was born in Fairfield, Ill., May 15, 1865, where he spent his boyhood days and received his early education. He received the Degree of Bachelor of Science from his literary Alma Mater, after which he took up the honored calling of teaching until he entered the study of medicine, his greatest ambition, entering the medical department of the University of Southern California, from which he graduated in 1895. He immediately moved to Bakersfield, which community he faithfully served as a country practitioner for nearly thirty years.

In the early days he was closely associated with A. F. Schafer, and was one of the prime movers in the organization of the Kern County Medical Society, becoming a charter member, and always taking an active interest, serving as president and also as secretary at various times.

Doctor Smith was a man of firm and decided convictions. He took a keen interest in the politics of the county, state, and of the nation. He was a member of the Board of Freeholders which framed the present city charter, and many of its excellent provisions are due to his efforts and wise counsel. Upon the adoption of the charter he served his ward as a member of the city council.

He was a close friend of the late George J. Planz, by whom he was held in the highest esteem. Upon the meeting of the men who formed the Bakersfield Security Co., forerunner of the Bakersfield Security Trust Co., it was found hard to agree upon a plan of formation. After much discussion, it was agreed that each formulate a plan to present at a future meeting, At the next meeting, when Mr. Planz read Doctor Smith's plan, he reached into his desk and got his own plan, which he immediately threw into the wastebasket, remarking, "This is the plan under which we will work." When the Security Trust Co. became a bank, Mr. Planz tried to induce Doctor Smith to become one of the bank's responsible officials, but Doctor Smith could not be persuaded to leave the profession he loved.

In the passing of Doctor Smith, Kern County loses one of its leading physicians and a citizen of high ideals and integrity, who commanded the esteem of his fellowmen.

DEATHS

Stratton, Robert Thompson. Died at Oakland, May 5, 1924, age 62. Graduate of the Jefferson Medical College of Philadelphia, 1886. He was formerly a member of the Alameda County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Whisman, Henry Stafford. Died at San Jose, May 15, 1924, age 34. Graduate of Johns Hopkins University Medical Department, Baltimore, 1915. Licensed in California, 1919. He was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.